

OCT 5 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **3016 Lambdin Ave**) St. .... Ward)

File No. **35995**  
Registered No. **9618**

2. FULL NAME **Ellen Brooks**

(a) Residence, No. **3016 Lambdin Ave.** St., **10** Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Brooks**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**Ab. 65**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**  
10. Date deceased last worked at this occupation (month and year) **9-10-36** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hopkinsville Ky.**

FATHER 13. NAME **Elisha Downey**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hopkinsville Ky.**

MOTHER 15. MAIDEN NAME **Marina Gant**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hopkinsville Ky.**

17. INFORMANT **Jesse Ford Robins on** (ADDRESS) **3016 Lambdin Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Sept 21 36**

19. UNDERTAKER **Charles J. Gates** (ADDRESS) **4107 S. Dimes Ave.**

20. FILED **SEP 21 1936** 19. **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-16 1936**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
I last saw h. **ex.** alive on ..... 19**36** Death is said to have occurred on the date stated above, at **1:20E.M**  
The principal cause of death and related causes of importance were as follows:  
Date of onset

*Dr. Myocarditis*  
Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) **Harold P. Robins** M.D.  
(Address) **St. Louis**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100-1-20-36 I X7044

