

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.

JAN 10 1937

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

Do not use this space.

43313

1. PLACE OF DEATH

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

File No.
Registered No. **11949**

2. FULL NAME Lulu Brooks

(a) Residence, No. 5800 Arsenal St. St. D-4 Ward. 13
(Usual place of abode) Civil Infirmery (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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt. 1884</u>		
7. AGE YEARS 1884 52	MONTHS ?	DAYS ?	IF LESS than 1 day,hrs. ormin.	
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. X			
	10. Date deceased last worked at this occupation (month and year)..... X		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>Ferguson,</u> (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>BURR Powell</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>?</u> (STATE OR COUNTRY) <u>?</u>			
MOTHER	15. MAIDEN NAME <u>Martha ?</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>?</u> (STATE OR COUNTRY) <u>?</u>			
17. INFORMANT <u>E. Motony,</u> (ADDRESS) <u>5800 Arsenal St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>12-4-</u> 19 <u>36</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1936
22. I HEREBY CERTIFY, That I attended deceased from August 6, 1936, to November 26, 1936
I last saw her alive on November 26, 1936 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Possible acute coronary thrombosis
958
Date of onset
Other contributory causes of importance:
Hypertensive heart disease
Arteriosclerosis, generalized

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) [Signature], M. D.
(Address) 5800 Arsenal

19. UNDERTAKER A. Russell Und. Co.
(ADDRESS) 2732 Pine Street
20. FILED **DEC 4 1936** J. T. Bredeck
Registrar.

