

NOV 4 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**(No. **City Hospital No. 2**)File No. **49122**Registered No. **10826**

St. Ward)

2. FULL NAME **Brooks, Baby**(a) Residence, No. **2629 Walnut** St. **22** 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

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10 - 6 - 36**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)**St. Louis,
Mo.**

FATHER

13. NAME

Fleming Brooks14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)**Ark.**

MOTHER

15. MAIDEN NAME

Carrie Nichols16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY)**Mo.**17. INFORMANT
(ADDRESS)**Father Mary Howard
2945 Lawton**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cem.DATE **10-30-36**19. UNDERTAKER
(ADDRESS)**Ira Hamilton
City Health Dept.**

20. FILED

OCT 29 1936**J. F. Bredeck
Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10 - 6 - 1936**22. I HEREBY CERTIFY, That I attended deceased from **10 - 6 - 1936**, to **10 - 6 - 1936**I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **10:30 P. M.**

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

10 - 6 - 36

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Thomas C. McFall**, M. D.(Address) **2945 Lawton Ave.**

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.

