AUG - 5 1937

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

Do not use this space.

791

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 6773

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Albert Rooks,

(a) Residence, No. 2213 Walnut St. St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1892

7. AGE: About 45 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown ~~Chauffeur~~
10. Date deceased last worked at this occupation (month and year): 1930 Oct.
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Georgia

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Georgia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Georgia

17. INFORMANT (ADDRESS): Herbert P. Smith M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL: PLACE National Cem. Jeff. Barrack Mo. DATE 7 19 37

19. UNDERTAKER (ADDRESS): Lee D. Bruce & Co. 2812 Thomas St.

20. FILED JUL 1 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-17-1930, 19..., to 7-7-37, 19...

I last saw him alive on 7-7-37, 19..... Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Broncho- Pneumonia 7-6-37 — Date of onset

83

Other contributory causes of importance:

Gen. Paresis 11-17-1930x

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

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) Herbert P. Smith M.D.

(Address) 5400 Arsenal St.

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.