NOV 23 1937

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

38817
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 790

(b) Township Clayton — Primary Registration District No. 6033a

(c) City Clayton — (d) Street No. North Warson Road St. — Registered No. 388

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME James C. Brooks

(a) Residence, No. North Warson Road St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th. 1871.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	9	28	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 8/1/37 — Total time (years) spent in this occupation 35

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

FATHER

13. NAME James B. Brooks

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

MOTHER

15. MAIDEN NAME Marcella Slicer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland, Maryland

17. INFORMANT (ADDRESS) Alvina Brooks, North Warson Road-Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Bellefontaine DATE Oct. 26th. 1937

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle, 2331 S. Broadway.

20. FILED 10/25 1937 — M. J. Lynorelli, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23nd. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1917 to Oct 23 1937

I last saw h[illegible] alive on Oct 22 1937. Death is said to have occurred on the date stated above, 11 P.M.

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

	Date of onset
Chronic myocarditis	1920
93C	
Other contributory causes of importance: Bronchial asthma	1925
duodenal ulcer	1917

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

What test confirmed diagnosis? L ..... 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) Frank R. Frampton, M. D.

(Address) 3701 washington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)