

REC'D APR 8 1938

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

12124

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township CARROLL Primary Registration District No. 117 Registered No. 547
 (c) City WEBSTER GROVES (d) Street No. 231 Gray ave St.
 (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 54 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

IDA BLANCHE BROOKS 626
 (a) Residence, No. 231 Gray ave 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 — 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as 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) St. Louis 0
 (STATE OR COUNTRY) Missouri 4

13. NAME Thomas Brooks 1

14. BIRTHPLACE (CITY OR TOWN) England

15. MAIDEN NAME Isabell G. Condit

16. BIRTHPLACE (CITY OR TOWN) New Jersey

17. INFORMANT Benjamin Brooks
 (ADDRESS) 867 Memphis ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine DATE Mar 26 1938

19. FUNERAL DIRECTOR Barker Laid Co
 (ADDRESS) Webster Groves

20. FILED 3-25 1938 I. R. Meyer M. P. APR 7
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1938

22. I HEREBY CERTIFY That I attended deceased from 25 March 24, 1938, to March 24, 1938

I last saw him alive on March 24, 1938 Death is said to have occurred on the date stated above, at 8 P.M.

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

1) Myocarditis
2) Atricular fibrillation
3) Hemiplegia
4) Mesenteric thrombosis

Other contributory causes of importance: 93 P. 1

Name of operation room Date of 24

What test confirmed diagnosis? Was there an autopsy? 24

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 W. C. Alexander S. D. M. D.

(Signed) Webster Brooks

(Address) Webster Brooks

(Licensed Embalmer's Statement on Reverse Side)

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.

1925

Dec 31

STATEMENT BY LICENSED EMBALMER

I, E. E. Aldrich, Licensed Embalmer No. 1332

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 E. E. Aldrich

Licensed Embalmer No. 1332

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