

REC'D DEC 12 1938

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

37710
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **EARNES HOSPITAL** Registered No. **10037**
(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

620 Bert Allen Brooks
(a) Residence, No. **4353 Finney** St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 15 - 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Att. 52 **2** **3**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Porter**
9. Industry or business in which work was done, as saw mill, bank, etc. **Pullman Company**
10. Date deceased last worked at this occupation (month and year) **November 1938** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans Louisiana**

FATHER 13. NAME **Rufus Brooks**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans Louisiana**

MOTHER 15. MAIDEN NAME **Mary Mitchell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans Louisiana**

17. INFORMANT (ADDRESS) **Morris C. Brooks 4357a Finney Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Nov. 21, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Charles J. Bates 4107 Finney Avenue**

20. FILED **Nov 21 1938** **J. Bredeck** Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-18-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **11-3-38**, 19, to **11-18-38**, 19. I last saw him alive on **11-18-38**, 19. Death is said to have occurred on the date stated above, at **11:20 a.m.** The principal cause of death and related causes of importance were as follows:

Pulmonary embolus
Thrombophlebitis, st.
common iliac vein

Date of onset
11-18-38

Other contributory causes of importance: **Carcinoma of rectum**

Name of operation **Colostomy** Date of **11-12-38**
What test confirmed diagnosis **autopsy** Was there an autopsy? **Yes**

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 **C. E. Leacher** M. D.
(Signed) **C. E. Leacher** (Address) **EARNES HOSPITAL**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James A. Johnson

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.)

If this body is not embalmed, above space should be left blank.