26 1939

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

23178
Do not use this space.

96
2
2

1. PLACE OF DEATH
(a) County St Louis | Registration District No. 784
(b) Township or | Primary Registration District No. 101 | Registered No. 1128
(c) City Clayton | (d) Street No. County Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 RUTH TENNESSEE BROOKS
(a) Residence, No. 138 Madison Ave Webster Groves
(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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lynch Brooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20 1867
7. AGE: YEARS 72 | MONTHS 4 | DAYS 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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): Shelbyville Tennessee

FATHER
13. NAME: Reves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

17. INFORMANT (ADDRESS): Myrtle Miller 138 Madison Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE June 2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Parker Und Co Webster Groves
20. FILED JUN 26 1939 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24 1939

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to June 24, 1939
I last saw her alive on June 24, 1939 Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hemorrhage, Intestine, (Probable gastric)	
2. Malignancy (probable gastric carcinoma)	

Other contributory causes of importance: 46

Name of operation: No Date of
What test confirmed diagnosis? Clinical 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) P. D. Martin, M. D.
(Address) 671 E Bigbee Webster Groves, Mo.

(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.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Orrin B. Lang

Licensed Embalmer No. 1581

P. O. Address Webster Groves

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

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