

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23810

Registrar's No. 6083

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Nellie Brooks3. (b) If veteran,
name war _____3. (c) Social Security
No. Unk4. Sex Female 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Arnold Brooks 6. (c) Age of husband or wife if
alive 36 years7. Birth date of deceased January 6, 1907.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
32 6 3 hr. min.9. Birthplace Swedeborg Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name I. T. Clark
 18. Birthplace Swedeborg Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Manes
 15. Birthplace Swedeborg Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arnold Brooks(b) Address 4144 DE Tonty St.,17. (a) Burial (b) Date thereof July 13 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Richland Missouri18. (a) Signature of funeral director Albert H. Hoppe Inc(b) Address 4700 Washington Blvd.,19. (a) 10 1939 (b) J. P. [Signature]
(Date received local registrar) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis, Missouri 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4144 DeTonty St.,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1939. hour 9 minute 00 P. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the _____ date and hour stated above.Immediate cause of death Beefsteak of mercury poisoning Duration _____Due to self administeredDue to at her home 4144 DeTonty on July 5-1939Other conditions at about 230 AM
(Include pregnancy within 3 months of death)Major findings: Suicide PHYSICIAN _____
Of operations _____Of autopsy 163
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence 7/5/39
 (c) Where did injury occur? St. Louis Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, or public place?
 While at work? 4 Night
 (Specify type of place) (Means of injury)

23. Signature Deputy [Signature] (M. D. or other) _____
Address Deputy [Signature] Date signed 7/10

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.....

Robert G. Hopper

Licensed Embalmer No..... 2971

P. O. Address.....

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.