

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26876  
Registrar's No. 1282

AUG 7 1939

Registration District No. 184

Primary Registration District No. 117

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 49 years

8. (a) PRINT FULL NAME GERTRUDE BROOKS  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. \_\_\_\_\_

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 22 - 1852  
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Brooks  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Isabel G. Condit  
15. Birthplace Orange New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Barrett Brooks  
(b) Address 231 Grayson Webster Groves  
17. (a) Burial (b) Date thereof July 17 - 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine  
18. (a) Signature of funeral director Parker and Co  
(b) Address Webster Groves Mo  
19. (a) JUL 16 1939 (b) AR. M. M. M. M.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 231 Grayson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 14  
year 1939 hour 10:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1930  
\_\_\_\_\_, 19\_\_\_\_, to July 14, 1939  
that I last saw her alive on July 14, 1939  
and that death occurred on the date and hour stated above.  
Immediate cause of death arterio sclerosis  
Senility

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Cystitis (senile)  
(Include pregnancy within 9 months of death)

Major findings:  
Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Frank P. Gandy, M.D. (M. D. or other)  
Address 13A N. Gay, Webster Groves Date signed 7/15/39

**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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster, Iowa

**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.**