

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Dennis L. Brooks
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced, or** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** 17 years (Day) (Year)

7. Birth date of deceased July (Month) 17 (Day) 1939 (Year)

8. AGE: Years Months Days If less than one day
6 26 hr. min.

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

10. Usual occupation None

11. Industry or business 0

MOTHER FATHER
12. Name Louis B. Brooks
13. Birthplace Risco, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lottie B. Hulse
15. Birthplace Dem Moines, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Elsie Smith
(b) Address 1522a Ohio

17. (a) Burial New St. Marcus Cemetery **(b) Date thereof** Feb. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director W. J. Robert
(b) Address 1906 So. Grand Blvd.

19. (a) FEB 2 1940 **(b)** J. J. Bruckner
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri **(b) County** _____
(c) City or town St. Louis **(If outside city or town limits, write "RURAL")**
(d) Street No. 3944a McRee Avenue **(If rural, give location)**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2nd day February
year 1940 hour 8 minute 35 AM.

21. I hereby certify that I attended the deceased from 7/17/39
2/2/40, 19____; **that I last saw him alive on** 2/2/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Diaphragmatic Hernia
Due to _____ **Duration** 7 mo.

Due to _____
Other conditions Diaphragmatic Hernia
(Include pregnancy within 3 months of death)

Major findings: Diaphragmatic Hernia
Of operations _____
Of autopsy Same

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 C. E. Stindel **(M. D. or other)** M. D.
Address 3627 Grand Sq. **Date signed** 2/2/40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 502

P. O. Address St. Louis Mo.

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.