

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No.

17180  
4658

Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 8 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MABLE BROOKS 620

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jake Brooks 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Nov 18 1913  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>6</u>	<u>5</u>	<u>0</u> hr <u>0</u> min

9. Birthplace Greenwood Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

12. Name Halter Ross

13. Birthplace Greenwood Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Althea Halter

15. Birthplace Greenwood Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jake Brooks

(b) Address 1908 Wash

17. (a) Burial (b) Date thereof May 28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cem

18. (a) Signature of funeral director H. A. Green

(b) Address 2915 Franklin Avenue

19. (a) MAY 27 1940 (b) J. B. Brubaker  
(Date local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1908 Wash Street (R)  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23  
year 1940 hour 12 minutes 05 P. M.

21. I hereby certify that I attended the deceased from 5-17- 1940, to 5-23- 1940;  
that I last saw her alive on 5-22- 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic Peritonitis (Postoperative) 2 Wks.  
Duration

Due to Chronic Salpingoophritis

Due to non puerperal non venereal

Other conditions 1398  
(Include pregnancy within 3 months of death)

Major findings: As above

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(a) Means of injury 1  
23. Signature J. B. Brubaker (M, D, or other)  
Address 2601 N. Chittier St. 5-23-1940  
Date signed

COPYING BLACK INK-MAKE A PERMANENT RECORD

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 Robert M. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

**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.**