S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19469

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 1058

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No. 329 S. Filmore (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George S. Brooks 620

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race colored

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Mary Granger Brooks

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 2 (Day) 1860 (Year)

8. AGE: Years 80 Months 1 Days 30 If less than one day hr. min.

9. Birthplace Plymouth County (City, town, or county) Virginia (State or foreign country)

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name Unknown Unknown
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Priscilla Unknown
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Camille Powell

(b) Address 329 S. Filmore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 5A (Day) 1940 (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director John H. Hemphill

(b) Address 408 - S. Filmore Kirkwood Mo

19. (a) JUN 5 - 1940 (Date received local registrar) (b) R. Meyer M.D. Dir. A.K. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1940 hour 3 minute :30 A. M.

21. I hereby certify that I attended the deceased from 5-22-40, 19, to 6-1-40, 19; that I last saw him alive on 6-1-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 day
Due to Cardiac Decompensation	2 wks
Due to Arteriosclerotic Hypertension & Renal failure	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95 1/2

PHYSICIAN

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)

(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? (Specify type of place)

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While at work? (e) Means of injury

23. Signature J. J. Aylward (M. D. or other) 1

Address U S L Co Hosp Date signed 6/1/40

(Licensed Embalmer's Statement on Reverse Side)

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. _____

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.