

2
10-39
7-39
X21492

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: St. Johns Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Richard W. Brooks

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elza Brooks nee Hiob 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 16, 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Optometrist

11. Industry or business

12. Name John R. Brooks

13. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Martin

15. Birthplace Rolla, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elza Brooks

(b) Address 5544a Page Ave

17. (a) Cremation (b) Date thereof 9/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 13 1940 (b) J. H. Reddock
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5544a Page Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11,
year 1940 hour 6:20 AM minute _____ 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 Fracture of Cervical Vertebrae with injury to cord

Due to suffered when Chevrolet sedan driven by one Ruth Neufuss

Other conditions over a highway and turned
(Include pregnancy within 3 months of death)

Major findings: Fracture of Cervical Vertebrae
Of Sept 10-1940

Of autopsy accident

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9/10/40

(c) Where and injury occur? Wagonville mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work _____ (Specify type of place) (e) Means of injury 5

23. Signature Joseph M. Quinn (M. D. or other)
Address Deputy Coroner

JAN 14 1953

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 Leonard Hampton

Licensed Embalmer No. 2967

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.