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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37137

State File No.

9410

Registration District No. **791**

Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(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. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether)
In this community **25 Years**
years, months or days

8. (a) PRINT FULL NAME **WILLIS MIDDLEBROOKS**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Lerline Middlebrooks** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **November 7th 1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 - **6** hr. min.

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

10. Usual occupation **Fireman**

11. Industry or business **City**

12. Name **Willis Middlebrooks**

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

14. Maiden name **Thiema Carr**

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

16. (a) Informant **Lerline Middlebrooks**

(b) Address **4248 W. Page ave**

17. (a) **Burial** (b) Date thereof **11/16/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **C. W. Roberts**

(b) Address **3035 Lucas ave**

19. (a) **NOV 16 1940** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's 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. **4248 W Page Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **13**
year **1940** hour **2** minute **57** M.

21. I hereby certify that I attended the deceased from **Oct 2**
19 **40** to **Nov 13** 19 **40**

that I last saw him alive on **11/13/40** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **108**

Due to **108**

Other conditions **PLEURISY & EFFUSION**
(Include pregnancy within 3 months of death)

Major findings: 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 work)
(e) Means of injury _____

23. Signature **William F. [Signature]** D. or other _____

Address **901 N. Vandeventer** Date signed **11/15/40**

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

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 Chas. Gaines 2349

working under my personal supervision.

Signed Chas. Gaines 2349

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.