

FILLED OCT 29 1941

Registration District No. _____

Primary Registration District No. 101

Registrar's No. 2070

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 8 hrs. 40 min.
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Carson & Boyd
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Allen Brooks

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 married
6. (b) Name of husband or wife Hariette Brooks 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased ? 1871?
(Month) (Day) (Year)

8. AGE: Years 70 ? Months ? Days ? If less than one day hr. min.

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

10. Usual occupation nil.

11. Industry or business

12. Name Sutton Brooks
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Longmire

(b) Address S. Kinloch, Mo

17. (a) Burial (b) Date thereof Oct 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director: English and Co

(b) Address 2931 Liberty Ave

19. OCT 11 1941 (b) H. McLawton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1941 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10-6-41
to 10-6-41
that I last saw him alive on 10-6-41
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemic shock -
Septicemic shock - Duration 2 hrs
Due to Septicemic shock deep
Due to Septicemic shock - multiple epo
lung abscess
Other conditions Septicemic shock ?
(Include pregnancy within 3 months of death)

Major findings: As above 7/4
Of operations _____
Of autopsy Septicemic shock -
multiple lung abscess
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature James D. Judy (M. D. or other) MD
Address 1st Hair Care Shop Date signed 11-1-41

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.....
....., 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, fact should be so stated above.