

No. 2
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5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40458
State File No. _____
Registrar's No. 10210

Registration District No. _____ Primary Registration District 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:
Fond Road of 2624 Lawton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Life
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2225^a Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Geraline Brookfield
3. (b) If veteran, name war None
3. (c) Social Security No. none

4. Sex F 5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 14 1934
(Month) (Day) (Year)
8. AGE: Years 7 Months 10 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation School

11. Industry or business _____
12. Name Mathew Brookfield
13. Birthplace ARK
(City, town, or county) (State or foreign country)
14. Maiden name Willie Mae Mardis
15. Birthplace ARK
(City, town, or county) (State or foreign country)

16. (a) Informant William Brookfield
(b) Address 2225 a Market st
17. (a) Buriel (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J W Douglas
(b) Address 2620 Lawton
19. (a) DEC 24 1941 (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 20
year 1941 hour 6 minute 26 A.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 Strangulation Duration _____
at the hands of party
or partner of home
Due to time, place, cause and
manner of death could
cannot be determined

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 16 AS
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence unknown
(c) Where did injury occur? unknown
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
unknown
While at work _____ (Specify type of place) (e) Means of injury Strangulation
23. Signature Walter Perry (M. D. or other)
Address St Louis Date signed 12/23/41

(Licensed Embalmer's Statement on Reverse Side)

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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, *me*
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Clark Young*
Licensed Embalmer No..... *3371*
P. O. Address..... *St. Louis*

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.