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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 [redacted]91

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12452

Registrar's No. 3938

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: EN Route 3 To Homer Phillips (If not in hospital or institution, write street number or location)

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

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 2/17

(d) Street No. 3135 a School St (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John H Brooks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 11 (Day) - 1872 (Year)

8. AGE: Years 69 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation — Nil —

11. Industry or business

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

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

16. (a) Informant Manuel Champion

(b) Address 4359 St Ferdinand Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) - 4 (Day) - 42 (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Peoples Und. Co

(b) Address 3100 Franklin Ave

19. (a) MAY 4 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1942 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Primary

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature Alfred Ferry (M. D. or other)

Address [illegible] Date signed 5/4/42

(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 Jotie Pettus

Licensed Embalmer No. 4184

P. O. Address 718 No. Compton

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.