V. S. No. 2
OM—5-42
ev. 5-17-39
I X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19435

State File No.

FILED JUL 8 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5903

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1105 N. 13th St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Robert Brooks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 0 single

6. (b) Name of husband or wife

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

7. Birth date of deceased August 29, 1882
(Month) (Day) (Year)

8. AGE: Years 60 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Robert Brooks
13. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Jessie Jones
15. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Unclaimed Board (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director [signature]
(b) Address 3560 Rutgers

19. (a) JUN 23 1943 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, year 1943 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 19, 1943 to June 10, 1943 that I last saw him alive on June 10, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 6/12/43

(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.....

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.