

#11959
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14971
4408
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **6 days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **5405 Geraldine Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Leanon Brooks**
3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **494-26-1563**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Mabel.** 6. (c) Age of husband or wife if alive..... **55** years
7. Birth date of deceased..... **May 26, 1881**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **17th**
year **1945** hour **1:35** minute **A.** M.
21. I hereby certify that I attended the deceased from **5/17/45** to **5/11/45**
that I last saw h... **in** alive on **5/17/45**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 **11** **21** hr. min.

Immediate cause of death..... **Lobar Pneumonia**
Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death) **108**

9. Birthplace..... **Webster County, Kentucky**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Salesman**
11. Industry or business..... **Palmer Seed Co.**
12. Name..... **William Brooks.**
13. Birthplace..... **Unk known**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Finney Buchanan**
15. Birthplace..... **Unknown.**
(City, town, or county) (State or foreign country)
16. (a) Informant..... **Herman W Brooks**
(b) Address..... **5405 Geraldine Ave.**
17. (a) **Burial** (b) Date thereof..... **May 19.45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Oak Hill Cemetery**
18. (a) Signature of funeral director..... **Herbert C. Gutz**
(b) Address..... **1431 Union Blvd.**
19. (a) **MAY 18 1945** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

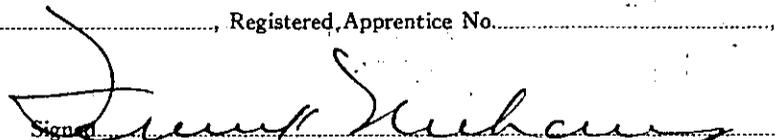
Major findings:
Of operations.....
Of autopsy..... **Refused**
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) Means of injury.....
23. Signature..... **Herbert C. Gutz** Date signed..... **5/17/45**
Address..... 1515 Lafayette

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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. 2911

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.