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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS

FILED AUG 11 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6768**

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  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
In this community 20 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 3687 Cook  
(If rural, give location) 71

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Virginia Brooks

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive 16 years (Year) 1880

7. Birth date of deceased July 16 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 13  
If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business None

12. Name Wash Jackson

13. Birthplace Aberdeen, Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Whitfield

15. Birthplace Aberdeen, Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Estella Willis

(b) Address 3687 Cook Avenue

17. (a) Burial (b) Date thereof 8 1 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director B. B. Brouse

(b) Address 1221 N. Grand Blvd.

19. (a) AUG 1 1945 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29,  
year 1945 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 27, 19 45 to July 29, 19 45;  
that I last saw her er alive on July 29, 19 45;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Hemorrhage Duration 2 days

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?.....

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

23. Signature B. F. Murphy (M. D. or other)  
Address 3687 Cook Date signed 7/31/45

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

MOTHER FATHER

*Superior Care files*

AUG 1 1945

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.**