

S. No. 2
M-5-43
5-17-39
P I X35671

FILED FEB 13 1946
Registration District No. _____

Primary Registration District No. _____

Registrar's No. **1100**

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3919 Evans
(If rural, give location)

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

3. (a) PRINT FULL NAME William 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 Married

6. (b) Name of husband or wife Freddie

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Unavailable abt 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
Abt 57			hr. _____ min.

9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Private chauffeur

11. Industry or business _____

MOTHER FATHER

12. Name Major Brooks

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

14. Maiden name Maggie Bartlett

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

16. (a) Informant Freddie Brooks

(b) Address 3919 Evans Ave.

17. (a) Burial (b) Date thereof 2-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) FEB 1 1946 (Date received by local registrar)

J. B. Bradeef (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1946 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from 1-22, 1946, to 1-29, 1946
that I last saw him alive on 1-29-, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Decompensation

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy no

Duration Unk

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 O. P. Daniels (M. D. or other) _____

Address 7601 N. Williams Date signed 1-29-46

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

2333

STATEMENT BY LICENSED EMBALMER

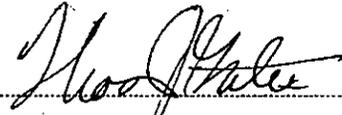
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.