

FILED MAR 20 1946
318

Registration District No.

Primary Registration District No.

Registrar's No. 2394

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Josephine Heitkamp Hospital
(d) Length of stay: In hospital or institution 3-days
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 5020 St. Louis Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice H. Brooks

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 8th., 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 2 hr. min.

9. Birthplace Carrallton Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Michael Brooks
13. Birthplace Ireland 4
14. Maiden name Unknown
15. Birthplace Unknown a

16. (a) Informant Mr. Raymond B. Crowley
(b) Address 3510 Greer Ave.

17. (a) Burial (b) Date thereof 3-13-46
(c) Place: burial or cremation Memorial Park Cent.

18. (a) Signature of funeral director Arthur J. Connelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 12 1946 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 10th., day
1946 year 5 hour 15 minute a. M.

21. I hereby certify that I attended the deceased from April 20 46 to March 10 46
that I last saw him alive on March 9 46
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate
Duration

Due to
Due to
Other conditions:
(Includes pregnancy within 3 months of death)

Major findings: Of operations: Ca
Of autopsy: metastases
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature J. F. Bredick (M. D. or other)
Address 1446 S. Grand Date signed 3/14/46

WRITE PLAINLY—USE UNFADING BLUE 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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.