

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10951

State File No. _____

FILED MAR 27 1946
318

Registrar's No. **2429**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST. Louis,

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

(c) Name of hospital or institution:
Reg: 6024 Cabanne Ave., /
(If outside hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 5-7

(d) Street No. 6048 6024 Cabanne Ave.
(If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Estelle Goodfellow Brooks.

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1946 hour 6:05 minute A. M.

21. I hereby certify that I attended the deceased from Feb 22, 1946, to Mar 11, 1946
that I last saw h alive on Mar 10, 1946
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Robert B. Brooks.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept. 22 1887
(Month) (Day) (Year)

Immediate cause of death Carcinoma - meta static - liver

Due to Carcinoma breast left

Due to _____

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

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>58</u> | <u>5</u> | <u>19</u> | _____ hr. _____ min. |

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Joseph S. Goodfellow.

13. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Clara Burd.

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address 6024 Cabanne Ave.,

17. (a) Burial (b) Date thereof 8/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) MAR 12 1946 J. F. Brook
(Date received) (Registrar's signature)

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 Mussell Vaughan (M. D. or other) _____

Address 630 N. Grand Date signed Mar 11, 46

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

9853

Mo. Theatre Bldg.

JE 4824

Hrs. // 20 = /

6272

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

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.