

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38622

State File No. _____

FILED DEC 9 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10019

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 140 N. Elizabeth Ave. NR 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME JULIA BROOKES GALT

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 Married

6. (b) Name of husband or wife Charles E. Galt

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

7. Birth date of deceased Sept. 20 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57	2	3	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOVIER. FATHER

12. Name Henry S. Brookes

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

14. Maiden name Mary Louise Prewitt

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

16. (a) Informant Charles E. Galt

(b) Address Ferguson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/46.
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) NOV 25 1946 (Date received local registrar)

(b) J. F. Buseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1946 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 1 Nov 13 1946 to Nov 23 1946
that I last saw her alive on Nov 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN TUMOR, MALIGNANT

Due to _____

Due to _____

Other conditions 5H
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy AS ABOVE

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 J. F. Buseck (M. D. or other) _____

Address Barnes Hospital Date signed 11-23-46

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

APR 8 1947

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 *L. M. White*.....

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.