

S. No. 2
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5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10599
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3564

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 5745 Bartmer Avenue
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Archie H. Brooks
3. (b) If veteran, name war None 3. (c) Social Security No.
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annette Brooks
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October 18, 1874

8. AGE: Years 72 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Whitehall Illinois

10. Usual occupation Buyer

11. Industry or business Greenfield Clothing Co.

12. Name James S. Brooks

13. Birthplace Brooks Ferry Kentucky

14. Maiden name Caroline Reno

15. Birthplace Illinois

16. (a) Informant Mrs. Annette Brooks

(b) Address 5745 Bartmer Avenue

17. (a) Cremation (b) Date thereof April 4, 1947

(c) Place: burial or cremation Valhalla Crematory

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

(b) Address 1157 Hamilton Avenue.

19. (a) APR-3 1947 (b) J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County oad
(c) City or town St. Louis 577
(d) Street No. 5745 Bartmer Avenue 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, 1947
year 7 hour 45 minute A M.

21. I hereby certify that I attended the deceased from March 30 1947 to April 2 1947
that I last saw him alive on April 1 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Trauma
Due to: Chronic Nephritis

Other conditions: 12/1
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?

23. Signature: A. C. Burgess (M. D. or other) 0
Address: 508 N. Grand Date signed: 4/2/47

Duration
Underline the cause to which death should be charged statistically.
PHYSICIAN

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

MOTHER FATHER

[Handwritten mark]

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 *Elmer R. Cadwell*

Licensed Embalmer No. 4077

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.