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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3458

State File No. _____

Registration District No. 277

Primary Registration District No. 6076

Registrar's No. 1

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Hallsferry Memorial Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella M. Brooks,

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 1 1869
(Month) (Day) (Year)

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

79	0	0	hr. min.
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9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business none

MOTHER FATHER {

12. Name William Brooks

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

14. Maiden name Eliza Hawkins

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

16. (a) Informant Edw C. Brooks

(b) Address 4537 a Adelaide ave

17. (a) burial (b) Date thereof Jan-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Row 1st-60

(b) Address 2707 N. Grand Bly'd

19. (a) 1-3-48 (b) Central Supply Co
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4537 a Adelaide ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1948 hour 7 minute 10 a.m.

21. I hereby certify that I attended the deceased from December 24 1947 to Jan 1 1948
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to hypertension

Due to 836

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

Major findings: _____

Of operations _____

Of autopsy _____

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 M. S. Harvi (M. D. or other) _____

Address 2739 N. Grand Date signed 1-2-48

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

AUG 31 1949

JUL 23 1949

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 A. Dixon

Licensed Embalmer No.

4193

P. O. Address

St Louis

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.