No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6119

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1917

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3323 a Laclede
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Lee Brooks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife SICERO BROOKS

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug (Month) 28 (Day) 1895 (Year)

8. AGE: Years 52 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant SICERO Brooks
(b) Address 3323 Laclede Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) FEB 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1948 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb. 19, 1948, to Feb. 23, 1948
that I last saw her alive on Feb. 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HEMORRHAGE	Undet.
Due to	
Due to	
Other conditions Glycosuria (Diabetes Mellitus) (Include pregnancy within 3 months of death)	Undet.

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Newton Jenkins (M. D. or other)

Address 2601 N Whittier St Date signed 2/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.