

No. 300  
M-10-47  
5-17-39  
I 3506

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13903  
State File No. ....

FILED APR 30 1948

318

Primary Registration District No. .... 1003

Registrar's No. .... 3726

WRITE PLAINLY—USE 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 2 months  
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME Blanche Brooks

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Female 5. Color or race Cal

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

6. (b) Name of husband or wife Walter Brooks

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

7. Birth date of deceased Aug 18 1892  
(Month) (Day) (Year)

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

55 7 7 ..... hr. .... min.

9. Birthplace Yungo City Miss.  
(City, town, or county) (State of foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Cole Wilson

13. Birthplace Yungo City Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Glen

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

16. (a) Informant Walter Brooks

(b) Address 1022 1/2 N-14 St

17. (a) Burial (b) Date thereof 4 22 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Richard

(b) Address 2225 Glasgow

19. (a) APR 20 1948 (b) J. F. Brooker  
(Date received local registry) (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. 1022 N 14th St  
25 (If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1948 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb. 16, 1948, to April 18, 1948  
that I last saw her alive on April 18, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary with Generalized Metastasis to Abdomen

Duration Undet.

Due to.....

Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... None

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 James M. Whittier (M. D. or other)  
Address 2601 N Whittier Date signed 5/19/48

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**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 *A.P.J. Chandrasekhar*.....

Licensed Embalmer No *2928*.....

P. O. Address *city*.....

**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.**