FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21297
5835

Primary Registration District No. 1003

Registrar's No.

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 hrs. 55 mins (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 4515 Washington (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 12 0

If yes, name country

3. (a) PRINT FULL NAME: Theodore Rooks (Twin # 2)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 21

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife

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

7. Birth date of deceased: 6 (Month) 17 (Day) 48 (Year)

8. AGE: Years | Months | Days | If less than one day: 2 hr. 55 min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name: Monroe Rooks 0

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

14. Maiden name: Geneua James

15. Birthplace: Nelton (City, town, or county) Mississippi (State or foreign country) 1

16. (a) Informant: Esther M. Sherard (Wife)

(b) Address: 2601 N. Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof: JUN 30 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Rowland Mortuary Service

18. (a) Signature of funeral director: Anatomical Board

(b) Address: 4104 Manchester Ave.

19. (a) JUN 30 1948 (Date received by local Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 year 1948 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from 7:00 P.M. 6-17 1948 to 9:55 P.M. 1948 that I last saw him alive on 6-17- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? 0 (Specify type of place)

While at work (e) Means of injury

23. Signature: M. D. Tinkler (M. D.) 75767

Address: 2601 N. Whittier Date signed: 6-23-48

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.