

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 27 1949

318

1003

State File No. _____

Registrar's No. **3403**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>MOB. 7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stafford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Pacific Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>P. O. Box # 51</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Walter</u> c. (Last) <u>Brooks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 14, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Remained Machine</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M.O.P. Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>John K. Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ruid</u>		14. NAME OF HUSBAND OR WIFE <u>Adell (Demarais) Brooks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-18-5812</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adell Brooks</u> ADDRESS <u>Stafford Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency and Phosphorylase deficiency</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>			9/5		
DUE TO (c) <u>Arteriosclerotic heart disease</u>			11		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 10</u> , 19 <u>49</u> , to <u>April 15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 15</u> , 19 <u>49</u> , and that death occurred at <u>6:30 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Thomas J. Fitzpatrick, M.D.</u>			23b. ADDRESS <u>17555. Grand St. Louis Mo</u>		23c. DATE SIGNED <u>4/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>April 18, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>3211 Sublette Ave. St. L, Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 1 1949 J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold A. Washburn</u> ADDRESS <u>Dupo, Illinois</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
517

W. J. ...

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *Harold A. Washner*

Signed
Student Embalmer

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

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.