

FILED APR 20, 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14386
Registrar's No. 3374

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3374	
1. PLACE OF DEATH a. COUNTY NONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL. b. COUNTY ST. CLAIR			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN EAST ST. LOUIS		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S INE.				d. STREET ADDRESS (If rural, give location) 4010 MARKET ST.			
3. NAME OF DECEASED (Type or Print) a. (First) LONNIE		b. (Middle) _____		c. (Last) BROOKS		4. DATE OF DEATH (Month) (Day) (Year) APR. 9, 1950	
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 1, 1898	
9. AGE (In years last birthday) 51		10. MONTHS 8		11. DAYS 7		12. IF UNDER 14 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) SPROLIN GEORGIA		12. CITIZEN OF WHAT COUNTRY? AMERICA	
13a. FATHER'S NAME JACOB WINBUSH		13b. MOTHER'S MAIDEN NAME CHARLOTTE BARROW		14. NAME OF HUSBAND OR WIFE A. B. Brooks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME A. B. Brooks ADDRESS 4010 Market St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Perforated Appendix DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs "	
19a. DATE OF OPERATION 4-5-50		19b. MAJOR FINDINGS OF OPERATION Perforated Appendix & Peritonitis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 53011			
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 4-5, 1950 , to 4-9, 1950 , that I last saw the deceased alive on 4-8, 1950 , and that death occurred at 9A m., from the causes and on the date stated above.							
23a. SIGNATURE A. S. Weaver (Degree or title) MD				23b. ADDRESS E. St. Louis, Ill.		23c. DATE SIGNED 4-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE APR. 10, 1950		24c. NAME OF CEMETERY OR CREMATORY E. ST. LOUIS		24d. LOCATION (City, town, or county) (State) E. ST. LOUIS, ILL.	
DATE REC'D BY LOCAL REG. APR 11 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE P. G. Crigger ADDRESS 1036 Indor Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address

E. H. Lewis III

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.