

FILED OCT 18 1950

1003 State File No. 34624
8331

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>28 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2219</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1402 1/2 N. Garrison Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>James</u>		a. (First)		b. (Middle) <u>Brooks</u>		c. (Last)	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-25-1898</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sabador</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>52</u>		11. BIRTHPLACE (State or foreign country) <u>Corinth Miss.</u>	
13a. FATHER'S NAME <u>Nathion Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Winnar Mrs. Dulla</u>		14. NAME OF HUSBAND OR WIFE <u>Frankie Brooks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-0901</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frankie Brooks 1402 1/2 N. Garrison Ave</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>Hodgkins Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
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? <u>201X</u>			
22. I hereby certify that I attended the deceased from <u>9-26</u> , 19 <u>50</u> , to <u>9-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-30</u> , 19 <u>50</u> , and that death occurred at <u>11:10a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Lawrence</u> M. D.				23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>10-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>		24b. DATE <u>10-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>OCT 3 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Saratin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gus Lowe 2930 Dickson St.</u>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arthur L. Heulbard

Signed.....

Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.