

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13838

1003 State File No. Registrar's No. 3539

BIRTH NO. _____		REG. DIST. NO. <u>010</u>		PRIMARY REG. DIST. NO. <u>1442</u>		Registrar's No. <u>3539</u>				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place) 27		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 3143 School Street				2219		
3. NAME OF DECEASED (Type or Print) a. (First) Walter			b. (Middle) Brooks			4. DATE OF DEATH (Month) (Day) (Year) April 16 1951				
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) - Married - WIDOWED		8. DATE OF BIRTH July 2, 1883		9. AGE (In years last birthday) 67		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire-Man		10b. KIND OF BUSINESS OR INDUSTRY Board of Education		11. BIRTHPLACE (State or foreign country) Waco, Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Charlie Brooks			13b. MOTHER'S MAIDEN NAME Alice Mullen			14. NAME OF HUSBAND OR WIFE Rose Lee Brooks			NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Rose Lee Brooks, 3143 School St.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, condition or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Lobar Pneumonia</u>				Undet.		
				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>Cerebral Thrombosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. OCCIDENT (Specify) HOMICIDE		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>490X</u>						
22. I hereby certify that I attended the deceased from <u>4-8</u> , 19 <u>51</u> to <u>4-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>51</u> , and that death occurred at <u>8:45p</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Walter Brooks</u>				23b. ADDRESS <u>2601 no whiters</u>		23c. DATE SIGNED <u>Apr 14 1951</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>4-17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Waco, Texas</u>				
DATE REC'D BY LOCAL REG. APR 16 1951		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE Peoples' Und. Co., 3100 Franklin Av.						

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *W. Charles Gordon*

Licensed Embalmer No. *4253*

P. O. Address *4875 Olive*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 13808/51
Local Registrar's No. 3539

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____, who, upon _____ oath, states that the original record of birth death for Walter Brooks died 4-14-1951 ~~book~~, 19____, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 7 should read Widowed

Instead of _____ Married

Item No. 14 should read None

Instead of _____ Rose Lee Brooks

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Daniel W. Bowler ^{Administrator} ~~Fun. Dir~~ Relationship.

4218 E Cook Ave
Present Address.

Subscribed and sworn to before me this 9 day of Jan, 1952

My Commission expires 3-4-53 _____ Notary Public.