

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38767**  
Registrar's No. **10588**

FILED DEC 8 - 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>En Route HGPILLIPS Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>(W) 3227a Lucas Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) c. (Last) <b>Brooks</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11/26/51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1/1/36</b>
9. AGE (In years last birthday) <b>15</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Brooks</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Hurd</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lucy Brooks, 3227a Lucas Avenue</b>	
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) <b>Gunsight wound of heart suffered when shot with gun in hallway of Lee Davis Jefferson (col.) aided and abetted by one Louis Green (col.) in hallway of Huntley School</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> II. OTHER SIGNIFICANT CONDITIONS <b>4239 West Papine St. about 12:30 pm Nov 26 1951</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Homicide</b>	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT OR SUICIDE (Specify) <b>Homicide</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 26 5:12 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>E981X</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:30 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Patrick E. Taylor Coroner</b>		23b. ADDRESS <b>11300 Clark Avenue</b>	
23c. DATE SIGNED <b>11.28.51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12/1/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery, St. Louis, Mo</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. J. Gates, 4107 Finney Avenue</b>	
DATE REC'D BY LOCAL REG. <b>NOV 28 1951</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>	

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

STATEMENT BY LICENSED EMBALMER

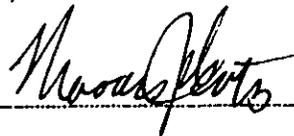
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.