

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21788

State File No.

5294

FILED JUN 27 1952

BIRTH NO.

REG. DIST. NO. **318**

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

Registrar's No.

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before onset and death) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2189 | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) 18 3400 CLARK AV. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION People Hosp. T. | | | |
| 3. NAME OF DECEASED a. (First) MARTHA | | b. (Middle) | c. (Last) BROOKS |
| 4. DATE OF DEATH (Month) (Day) (Year) 6 5 52 | | | |
| 5. SEX F 3 | 6. COLOR OR RACE C | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 7 1906 |
| 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months 29 Days | IF UNDER 24 HRS. Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COACH CLEANER | | 10b. KIND OF BUSINESS OR INDUSTRY R.R. | 11. BIRTHPLACE (City and State or Foreign Country) TAMINA TEX. |
| 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE CHAS C BROOKS |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James E. Kuehler 34212 La. 5alle |
| 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) Pulmonary embolism; Fr of right leg, suffered when discharged was injured when riding in cab driven by one Gus Addison what was involved in a collision with Public Service Bus operated by Raymond Bush at intersection of Carbur and market St about 805 am May 20 1952 | |
| INTERVAL BETWEEN ONSET AND DEATH | | 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 | AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT (Specify) Accident | 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Street | 20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | |
| 21a. TIME OF INJURY (Month) (Day) (Year) (Hour) May 20 528 AM | 21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21c. HOW DID INJURY OCCUR | E8165 |
| 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 940 P. M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Catharine E. Taylor Curran | | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 6. 10. 52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 6-11-52 | 24c. NAME OF CEMETERY OR CREMATORY CONROE | 24d. LOCATION (City, town, or county) (State) TEX. |
| DATE REC'D BY LOCAL REG. JUN 10 1952 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. F. Walton 2707 STODDAR | |

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

Signature *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *4524 Alden*

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.