

FILED DEC 2 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **38057****318**PRIMARY REG. DIST. NO. **1003** Registrar's No. **10225**

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|--|--|---|--|---|--|---|--|
| 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) | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | c. LENGTH OF STAY (in this place) 20 yrs. | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | | | STREET ADDRESS 10 3143 NewAshland Place | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Howard | | b. (Middle) Brookens | | c. (Last) Brookens | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | |
| 11 21 55 | | | | | | | |
| 5. SEX M | | 6. COLOR OR RACE 2 Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH Jan. 7, 1881 | |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR | | IF UNDER 12 HRS. | | | |
| 74 | | 11 | | 11 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | | 10b. KIND OF BUSINESS OR INDUSTRY Motion Picture | | 11. BIRTHPLACE (City and State; or Foreign Country) Maryboro, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13a. FATHER'S NAME Melvin Brookins | | 13b. MOTHER'S MAIDEN NAME Henrietta Sell | | 14. NAME OF HUSBAND OR WIFE Unknown | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gene Skellins 428 E Page | | | |
| 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. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis. | | | | INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| | | 2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | 3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | | | 332x | |
| 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) (Min) | | 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 11-18- , 19 55 , to 11-21- , 19 55 , that I last saw the deceased alive on 11-21- , 19 55 , and that death occurred at 6:25 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE E. B. Williams | | | | (Degree or title) M.D. | | 23b. ADDRESS 2601 N. Whittier Street | |
| 23c. DATE SIGNED 11-22-55 | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Nov 23, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. NOV 23 1955 | | REGISTRAR'S SIGNATURE E. B. Williams | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Rooney 12217 Gard | | | |

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.....
Signature of Student Embalmer

Signed *William Blackburn*

Licensed Embalmer No. *34*

P. O. Address *1221 N. G.*

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.