

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35305

State File No.

FILED NOV 16 1956

318

1003

Registrar's No. 9689

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY <i>ST. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>ST. Louis</i>		c. CITY OR TOWN <i>ST. Louis</i>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. Mary's Infirmary 21st & 5205th Enright</i>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>David</i> b. (Middle) c. (Last) <i>Brooks</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 20, 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 2, 1920</i>
9. AGE (in years last birthday) <i>36</i>		10. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <i>Doctor</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Orlington Tenn.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Willie Brooks</i>		13b. MOTHER'S MAIDEN NAME <i>Sallie Brooks</i>	
14. NAME OF HUSBAND OR WIFE <i>Alice Brooks</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>498-146369</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Alice Brooks 5205th Enright</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Small bowel fistula</i> 2. <i>Intestinal diverticulum & abscess</i> DUE TO (b) <i>Perforation of anastomosis postoperatively</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>586x</i>	
19a. DATE OF OPERATION <i>9/29/56</i>		19b. MAJOR FINDINGS OF OPERATION <i>Dense adhesions, Stenosis of Common Duct, duodenum & jejunum</i>	
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?		22. I hereby certify that I attended the deceased from <i>8/3, 1956</i> , to <i>10/20, 1956</i> , that I last saw the deceased alive on <i>10/20, 1956</i> and that death occurred <i>5:15 p.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>R. Williams</i>		23b. ADDRESS <i>M.D. 4701 A St. Louis Ave</i>	
23c. DATE SIGNED <i>10/22/56</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremated</i>	
24b. DATE <i>10-25-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Corington Tenn.</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl Smith McEnglish 11023rd Taylor.</i>	
DATE REC'D BY LOCAL REG. <i>OCT 24 1956</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl Smith McEnglish 11023rd Taylor.</i>	

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 *Walter R. Williams*

Licensed Embalmer No. *492*
4554 Lexington
P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.