

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18484**

FILED MAY 31 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4783**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____ c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **27 Homer G. Phillips** e. STREET ADDRESS (If rural, give location) **2310 5216 Page Boulevard**

3. NAME OF DECEASED (Type or Print) a. (First) **Wendell** b. (Middle) **F.** c. (Last) **Brooks** 4. DATE OF DEATH (Month) (Day) (Year) **May 18, 1957**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Sept. 6, 1904** 9. AGE (In years last birthday) **52** 10. MONTHS **8** 11. DAYS **12** 12. HOURS **12** 13. MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **M.K.T.R.R.CO.** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **487-26-1746** 17. INFORMANT'S SIGNATURE OR NAME **Mr. Aluah Brooks** ADDRESS **4240a W. Easton**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary thrombosis** ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **420.1**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

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 **11:10** p. m., from the causes and on the date stated above.

23. SIGNATURE **James M. Kelly Deputy** 23a. ADDRESS **1300 Clark** 23c. DATE SIGNED **5-21-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5-24-57** 24c. NAME OF CEMETERY OR CREMATOR **Father Dickson** 24d. LOCATION (City, town, or county) (State) **Saint Louis, Missouri**

DATE REC'D BY LOCAL REG. **MAY 21 1957** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. GENERAL DIRECTOR'S SIGNATURE **C. H. Koonce** ADDRESS **1221 N. Grand**

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 *Clarence Pearson*.....

Licensed Embalmer No. *475*.....

P. O. Address *1281 N. Main*.....

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.