

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015588
State File No.

FILED MAY 1 1958

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

4416

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

1. PLACE OF DEATH a. COUNTY		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. In 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>27 Homer G. Phillips</i>		e. STREET ADDRESS (If rural, give location) <i>1399 Clara</i>	
3. NAME OF DECEASED a. (First) <i>Belle</i>		b. (Middle)	
c. (Last) <i>Brooks</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 19, 1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov 10, 1884</i>
9. AGE (In years last birthday) <i>73</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>nil</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Ky</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Margarett Fields</i>	
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) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Julia Taylor</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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerotic heart disease</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>420.0</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <i>2</i> 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) (m.)		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>April 1, 1957</i> , to <i>4-19, 1958</i> , that I last saw the deceased alive on <i>4-14, 1958</i> and that death occurred at <i>11:10</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>X. A. Hill M.D.</i>		23b. ADDRESS <i>1417 Franklin Ave</i>	
23c. DATE SIGNED <i>4-22-58</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>April 25/58</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>F. G. Green</i>	
DATE REC'D BY LOCAL REG. <i>APR 23 58</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	
ADDRESS <i>4214 Delmar</i>		ADDRESS	

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..... *F. A. Green*

Licensed Embalmer No. *296*

P. O. Address *4214 10th*

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.