

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002776
State File No.

FILED JAN 26 1959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 170

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 2157 229 Bichelberger	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Ozias c. (Last) Brooks		4. DATE OF DEATH (Month) (Day) (Year) Jan 6, 1959	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1896
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and State or Foreign Country) Dothan, Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Pinkney Brooks	
13b. MOTHER'S MAIDEN NAME Anna Windsor		14. NAME OF HUSBAND OR WIFE Marie Brooks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-01-1323	17. INFORMANT'S SIGNATURE OR NAME Marie Brooks ADDRESS St. Louis, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular dis. <i>Hypertensive Cardiovascular dis.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 443x 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Jan 1-5, 1959, 10:15 AM, that I last saw the deceased alive on Jan 5, 1959, and that death occurred at 7:15 AM, from the causes and on the date stated above.			
23a. SIGNATURE Carl J. Reis M.D.		23b. ADDRESS 18 S. Kingshighway	
23c. DATE SIGNED 1-7-59			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-8-59	
24c. NAME OF CEMETERY OR CREMATORY Browns Cemetery		24d. LOCATION (City, town, or county) (State) O'Ripley Twpsh., Illinois	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 7 59 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J.J. Kassly ADDRESS E. St. Louis, Illinois	

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

Not Embalmed

Signed.....
Joseph J. Kessely

Licensed Embalmer No.....751

P. O. Address *C. H. Linn*

**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.**