

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018990
STATE FILE NUMBER

JUN 15 1959
XC-14804517
SL19081

2 5315

Registration District No. Primary Registration District No. Registrar's No.

300
1-57
34
93
0

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, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 3116 N SARAH	
3. NAME OF DECEASED (Type or print) First EMMETT Middle E. Last BROOKS		4. DATE OF DEATH Month MAY Day 31 Year 1959	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-1-24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAL LABORER		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 35 IF UNDER 1 YEAR: Months 3 Days 30 IF UNDER 24 HRS.: Hours - Min. -
11. BIRTHPLACE (City and state or country) HAYNESVILLE, LA.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME TOM BROOKS		13b. MOTHER'S MAIDEN NAME ALICE QUINN	
14. NAME OF HUSBAND OR WIFE DORIS BROOKS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) YES WW-11	
16. SOCIAL SECURITY NO. 439-30-4532		17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA RIGHT LUNG			INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. <input checked="" type="checkbox"/> attended the deceased from VA 4-25-59 to 5-31-59 and last saw ^{him} alive on 5-31-59		Death occurred at 6:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert Weiss (Type name and title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 5-31-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-5-59	
23c. NAME OF CEMETERY OR CREMATORY National, Jefferson pks. Mo.		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
24. FUNERAL DIRECTOR Ellis Funeral Home 2820 Stoddard Street		25. DATE RECD. BY LOCAL REG. JUN 3 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Fulton E. Culkin

Licensed Embalmer No. *498*

P. O. Address *St Louis*

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.