

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004542

FILED VS FEB 15 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oak Borough</u> Length of stay in 1b <u>YRS</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9700 Dennis Dr</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u> c. CITY OR TOWN <u>Oak Borough</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>9700 Dennis Dr</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Middle Last <u>Benjamin C Brooks</u>				4. DATE OF DEATH Month Day Year <u>1-29-1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-12-1906</u>		9. AGE (last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemical Engineer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dumas Wilson Co</u>				11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Ben W Brooks</u>				13b. MOTHER'S MAIDEN NAME <u>Laura Ott</u>				14. NAME OF HUSBAND OR WIFE <u>Violet</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>488-69-9106</u>		17. INFORMANT <u>Violet Brooks</u> Address <u>9700 Dennis Dr</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>at atherosclerotic cardio-vascular disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>2 mins</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 e.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from <u>3-30-51</u> to <u>1-29-60</u> and last saw ^{her} him alive on <u>1-28-60</u> Death occurred at <u>2:10 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deputy or filio) <u>Wayne O York M.D.</u>						22b. ADDRESS <u>100 N. Euclid</u>				22c. DATE SIGNED <u>1-29-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>			23b. DATE <u>1-30-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crem</u>				23d. LOCATION (City, town, or county) <u>St Louis Co</u> (State) <u>Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>A. Krow 2707 N. Grand.</u>				25. DATE RECD. BY LOCAL REG. <u>1-29-60</u>		26. REGISTRAR'S SIGNATURE <u>Jean C. Murphy M.D.</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Herbert J. Gou Jr.

Licensed Embalmer No. 4800

P. O. Address Nichols 22

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.