URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

-60-016646

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3920

ENDED

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 St.Louis — Length of stay in 1b	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 4350 McPherson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Elbert; Middle V.; Last Brooks

4. DATE OF DEATH: Month April; Day 3; Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 8/11/1900

9. AGE (last birthday): 59

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Macon, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James Brooks

13b. MOTHER'S MAIDEN NAME: Maggie Busby

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 496-03-2782

17. INFORMANT: Leroy Smith, Rt.1, Box 113B – Address: Saginaw, Minn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

DUE TO (b) Cirrhosis of the Liver

DUE TO (c) 581.0

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 800 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick J. Taylor (Degree or title) Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 4.8.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE 4-9-60

23c. NAME OF CEMETERY OR CREMATORY: St.Matthews Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis, Mo.

24. FUNERAL DIRECTOR: Albert H.Hoppe, Inc., ADDRESS: 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: APR 8 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJC

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Melvin L. Kemp

Licensed Embalmer No. 4052

P. O. Address 4911 Wa
St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.