

ED VS JAN 16 1961  
 AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2**

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF CLEARED THROUGH MR. SIMON DOCUMENT CORONER'S OFFICE  
 - See Certificate furnished to  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N GRAND, ST LOUIS, MO.</b>		Length of stay in 1b <b>16 HR 45 MIN</b>	c. CITY OR TOWN <b>LEMAY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETS. ADMIN. HOSPT.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>118 E. ETTA</b>
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>W.</b> Last <b>BROOKS</b>		4. DATE OF DEATH Month <b>JANUARY</b> Day <b>1</b> Year <b>1961</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/23/96</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FIREMAN (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>64</b>
11. BIRTHPLACE (City and state or country) <b>CUBA, KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOSEPH BROOKS</b>		13b. MOTHER'S MAIDEN NAME <b>DORA WADE</b>	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) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT <b>CONNIE BROOKS, BROTHER (SEE NO. 2 ABOVE)</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>METASTATIC CARCINOMA</b> DUE TO (b) <i>Joseph M. Brooks</i> DUE TO (c) <b>198.0</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1-4-68 PNEUMONITIS</b>			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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. <b>VA</b> attended the deceased from <b>12/31/60</b> to <b>1/1/61</b> and last saw him alive on <b>1/1/61</b> Death occurred at <b>2:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Samuel J. O'Sullivan M.D.</i>		22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>1/2/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removed</b>	23b. DATE <b>1/2/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Paducah Ky</b>
24. FUNERAL DIRECTOR <b>Edward Fendler 5611 South Grand Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 2 1961</b>	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>

**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

*George W. D. [unclear]*

Licensed Embalmer No. 4799

P. O. Address 100 [unclear]

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.