

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027630
STATE FILE NUMBER

AMENDED

Registered District No. 317 Primary Registration District No. 590 Registrar's No. 1010
FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Hill		c. CITY OR TOWN Rock Hill	
Length of stay in 1b YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 517 Barcia Dr.		d. STREET ADDRESS (If outside, give location) 517 Barcia Dr.	
3. NAME OF DECEASED (Type or print) First Middle Last Betty Brooks Ernst		4. DATE OF DEATH Month Day Year July 17, 1961	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/15/1932
9. AGE (last birthday) 28		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) Receptionist-Model		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Little Rock, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jack N. Brooks	
13b. MOTHER'S MAIDEN NAME Ina Dell Swilling		13c. NAME OF HUSBAND OR WIFE Wm. H. Ernst	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Jack N. Brooks, 517 Barcia Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) genital carcinomatous carcinoma of tongue? DUE TO (b) ? DUE TO (c) ? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 months 1 year
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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. I attended the deceased from Sept. 1960 to July 17, 1961 and last saw her alive on 7/16/61 Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Israel Goldman M.D.		22b. ADDRESS 634 N. Grand	
22c. DATE SIGNED 7/18/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/19/1961	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri	
24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich, Webster Groves, Mo.		25. DATE RECD. BY LOCAL REG. 7-18-61	
		26. REGISTRAR'S SIGNATURE John C. Muffley M.D.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

St. Louis

No.

St. Louis

Book Hill

Book Hill

Dr. Patricia Dr.

Dr. Patricia Dr.

July 17, 1981

Betty Brocke Trust

X 8/17/1938 28

R W

Little Rock, Ark.

Receptionist-Nobel

Jack N. Brooks, Trust

Jack N. Brooks

Jack N. Brooks, Dr. Patricia Dr. 408-36-2326

No.

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 _____

Signed *Leslie Welch*

Signature of Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Wabster Avenue

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 shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.