

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH, D.O.A.

-62-044020

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11435** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 7 1962

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **D. O. A.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Childrens** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **St. Louis**
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **6716 Bartmer** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Melissa Lyn Brookman
 4. DATE OF DEATH Month Day Year
11-27-62

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **12-3-58** 9. AGE (last birthday) **3 1/2 Yrs**
 IF UNDER 1 YEAR Months Days Hours Min.
 IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**
 10b. KIND OF BUSINESS OR INDUSTRY **None**
 11. BIRTHPLACE (City and state or country) **St. Louis, Mo**
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Robert L. Brookman** 13b. MOTHER'S MAIDEN NAME **Carmen Sumpter** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Mary Foust** Address **500 S. Kingshighway**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Respiratory Failure**
 (b) **Leukemia**
 (c) **204.4**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
 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 ^{her} _{him} alive on **11-27-62**
 Death occurred at **1:25 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Edward T. Barber M.D.** 22b. ADDRESS **500 S. Kingshighway** 22c. DATE SIGNED **11/27/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **Nov 30, 1962** 23c. NAME OF CEMETERY OR CREMATORY **LAUREL HILLS** 23d. LOCATION (City, town, or county) (State) **ST LOUIS Co., MO**

24. FUNERAL DIRECTOR **J. H. Doehlage** ADDRESS **6536 Clayton Rd** 25. DATE RECD. BY LOCAL REG. **NOV 28 1962** REGISTRAR'S SIGNATURE **Road Smith M.D.**

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Elton R. Penick

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

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.