

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. **791**

Primary Registration District No. **1003**

(No. St. Louis Maternity Hospital)

File No. **10563**
Registered No. **2378**
St. Ward)

2. FULL NAME Brooks, M^c Gink

(a) Residence, No. 6211 Chatham St. 7 P Ward. Shelton, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. - mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jewell M^c Gink</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-31-1894</u>				
7. AGE YEARS <u>39</u>	MONTHS <u>6</u>	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uman, Mo</u>				
FATHER	13. NAME <u>Kellas Martin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tuscomb, Mo</u>			
MOTHER	15. MAIDEN NAME <u>Emma Gout</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Drumley, Mo</u>			
17. INFORMANT <u>Jessie Riebold - Sister</u> (ADDRESS) <u>6211 Chatham</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emm Mo.</u> DATE <u>Mar. 9, 1934</u>				
19. UNDERTAKER <u>Craig Undertaking Co.</u> (ADDRESS) <u>4148 Washington Bul.</u>				
20. FILED <u>J. Brebeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 7 PM 3/6 1934 to 1:30 AM 3/7 1934
I last saw her alive on 1:30 AM 3/7 1934. Death is said to have occurred on the date stated above, at 1:30 A. M.
The principal cause of death and related causes of importance were as follows:
Post-operative shock -
Cardio-renal disease with Hypertension
Pregnancy -
Cesarean Section - Supravaginal hysterectomy
Date of onset 9/5/31

Other contributory causes of importance:
Cardio-renal disease with Hypertension
Pregnancy -

Name of operation Cesarean Section - Supravaginal Hysterectomy Date of 3/6/34
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify W. E. Sexmer, M. D.
(Address) 630 S. Kings

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

