

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6032**
Registrar's No. **1118**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1083 Mc CAUSLAND 249**

d. STREET ADDRESS (If rural, give location) **1083 Mc CAUSLAND**

3. NAME OF DECEASED
a. (First) **DAVID** b. (Middle) **L.** c. (Last) **BROOKMAN**

4. DATE OF DEATH (Month) (Day) (Year) **2 5 55**

5. SEX **MO**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **1-6-1882**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **73 - 30**

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

10b. KIND OF BUSINESS OR INDUSTRY **SELF-EMPLOYED**

11. BIRTHPLACE (State or foreign country) **ARK, 1**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **UNKNOWN-BROOKMAN**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **Addie-BROOKMAN**

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. **490-01-4383**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VIRGIL-BROOKMAN-1137 SURREY HILLS**

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

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Adenocarcinoma of colon**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **153X**

22. I hereby certify that I attended the deceased from **13 April, 1953, to 5 Feb., 1955**, that I last saw the deceased alive on **3 Feb., 1955**, and that death occurred at **8:12 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **T. A. Snake, MD**

23b. ADDRESS **114 N. Taylor (8)**

23c. DATE SIGNED **5 Feb. 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **2-7-55**

24c. NAME OF CEMETERY OR CREMATORY **ST. PETERS-CEM,**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS Co. Mo**

DATE REC'D BY LOCAL REG. **FEB 7 1955**

REGISTRAR'S SIGNATURE **J. Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **JAY-B-SMITH- MAPLEWOOD-17-MO**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Stanley A. Dixon

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

4293
A. S.

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 this body is not embalmed, fact should be so stated above.