

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35454

State File No.

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2444

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond Heights	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 5 weeks		c. CITY OR TOWN Clayton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
e. STREET ADDRESS (If rural, give location) 115 N. Bemiston Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) CALVIN	b. (Middle) M.	c. (Last) BROUSTER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 2 Days 21	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Dealer	10b. KIND OF BUSINESS OR INDUSTRY Grain Broker	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Brouster	13b. MOTHER'S MAIDEN NAME Theresa Murphy	14. NAME OF HUSBAND OR WIFE Mrs. Ann Brouster
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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. 491-16-5615	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ann Brouster, 115 N. Bemiston, Clayton, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH undetermined
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Atherosclerosis		
	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. 4500			

19a. DATE OF OPERATION Sept 27, 55	19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hyperplasia	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1955, to Oct 22, 1955, that I last saw the deceased alive on Oct 21, 1955, and that death occurred at 11:25 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John F. Mackey Jr MD	23b. ADDRESS 228 Beaumont Bldg	23c. DATE SIGNED Oct 25, 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/24/55	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 10-23-55	REGISTRAR'S SIGNATURE Hubert R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.	ADDRESS Highwood
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S.C. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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..... *Felix Howard*

Licensed Embalmer No. *303*

P. O. Address *Kirkwood*

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.