

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **41868**  
Registrar's No. **11325**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>7 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>12 5351 Delmar Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Cora</b>	b. (Middle) <b>Mae</b>	c. (Last) <b>Brookman</b>	(Month) <b>12-</b>	(Day) <b>24-</b>	(Year) <b>1955</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>7-15-1874</b>		9. AGE (In years last birthday) <b>81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <b>Near Gainesville, Ga.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	

13a. FATHER'S NAME <b>P. B. Bolding</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Prater</b>	14. NAME OF HUSBAND OR WIFE <b>William Luther Brookman</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE AND NAME <i>Harold E. Walters</i> <b>Harold E. Walters</b>	ADDRESS <b>Masonic Home of Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1hr.</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) <b>Arteriosclerotic heart disease</b>		<b>10yr.</b>
	DUE TO (c) <b>Hypertention</b>		<b>10yr.</b>
	11. OTHER SIGNIFICANT CONDITIONS <b>Generalized arteriosclerosis</b>		<b>10yr.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **8-1-**, 19**55**, to **12-24**, 19**55**, that I last saw the deceased alive on **8-23-**, 19**55**, and that death occurred at **9.15P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harold E. Walters M.D.</i> <b>Harold E. Walters M.D.</b>	23b. ADDRESS <b>3720 Washington St. Louis Mo.</b>	23c. DATE SIGNED <b>12-25-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-28-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>DEC 27 1955</b>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Math. Hermann &amp; Son Inc 2161 E. Fair Ave.</b>
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m. J. B. (Licensed Embalmer's Statement on Reverse Side)

WHILE PLAINLY USING 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 .....  
Student Embalmer

Signed *Allen W. Nag*  
Student Embalmer No. ....

Licensed Embalmer No. *3737*

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