

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42133**

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **200**PRIMARY REG. DIST. NO. **5725**Registrar's No. **255**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon, Hudson Twp</b>		c. LENGTH OF STAY (In this place) <b>34 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2039		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Still-Hildreth Sanatorium</b>				d. STREET ADDRESS (If rural, give location) <b>6306 Waterman Avenue (1922)</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>W</b> c. (Last) <b>Brooks, Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 11, 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>October 18, 1896</b>		9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>advertising dept</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale paper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Robert W. Brooks, Sr.</b>			13b. MOTHER'S MAIDEN NAME <b>Pauline King</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Everett L. Brooks, brother.</b> ADDRESS <b>St. Louis, Mo.</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION acutely DIRECTLY LEADING TO DEATH* (a) <b>circulatory failure and cardiac dilatation</b>	<b>immediate</b>						<b>34 years</b>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (b) <b>chronic myocarditis</b>						<b>34 years</b>	
	DUE TO (c) <b>rheumatic heart disease</b>						<b>34 years</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	<b>schizophrenic reaction</b>						<b>34 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		415X		
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 <b>Aug. 22</b> , 19 <b>22</b> , to <b>Dec. 11</b> , 19 <b>56</b> that I last saw the deceased alive on <b>Dec. 10</b> , 19 <b>56</b> , and that death occurred at <b>1 A. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>A. P. Doyle M.D.</b> (Degree or title)				23b. ADDRESS <b>Macon, Missouri</b>		23c. DATE SIGNED <b>12/11/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12/13/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bell Fountain</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>F-3-57</b>		REGISTRAR'S SIGNATURE <b>Paul M. Grady</b>		FUNERAL DIRECTOR'S SIGNATURE <b>R. Schubert</b>		ADDRESS <b>Macon, Missouri</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

County File No. 12-56-189  
Date Filed Jan. 10. 57

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 \_\_\_\_\_  
Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Mason, W.

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.