

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

Do not use this space.

29687

1. PLACE OF DEATH

County St. Louis Registration District No. 701
 Township St. Louis Primary Registration District No. 7053 File No. 8876
 City St. Louis (N. Alman Brothers Hospital) Registered No. 8876 St. _____ Ward _____

2. FULL NAME Edward L. Brinkman

(a) Residence. No. 1320 Aubert Ave. St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Anna</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 9, 1886</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>5</u>
	DAY <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Stationary Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>H. Ranken Trade School</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER <u>Henry Brinkman</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>
12. MAIDEN NAME OF MOTHER <u>Fernis Shoultz</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Anna Brinkman
 (Address) 1370 Aubert Ave

15. FILED _____ 19 _____
Max C. Starck
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1929
 17. I HEREBY CERTIFY, That I attended deceased from 5/23
 _____, 1928, to 8/30 1929
 that I last saw h. a. s. alive on 8/30 1929, and that death occurred, on the date stated above, at 12:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parapneumonia Apoplectic
Having soft spots due to
Chr. Nephritis (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Nephritis
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 9th
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) E. E. Ford M. D.
8/31 1929 (Address) 1807 S 18th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Martin's Lutheran DATE OF BURIAL Sept 2 1929
 20. UNDERTAKER Choppenstein W & L Co ADDRESS 7814 S. Baring

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.

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