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

Do not use this space.

19412

File No. 5360

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1002

City St. Louis (No. 977, Switzer Ave. St. ..... Ward)

2. FULL NAME Herman Brinkmeyer S

(a) Residence. No. 8271 Newby St., S 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Olga Brinkmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 26, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	—	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Police Officer 187
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of St. Louis

9. BIRTHPLACE (CITY OR TOWN) Bourbon
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Fred Brinkmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Clara Peters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Fred Brinkmeyer
(Address) 977 Switzer

15. FILED ..... 19.. Wm. C. Hardesty
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAY 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 19th, 1930, to May 4th, 1931, that I last saw him alive on May 4th, 1931, and that death occurred, on the date stated above, at 11:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lymphosarcoma liver
41 B
SP 4 6 C
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Sarcoma testicle
(duration) ....yrs. 7 mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 8271 Newby
DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/13/31
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Pathology
(Signed) Arthur Bradley, M. D.
5/6, 1931 (Address) 2202 Lawrence

*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	DATE OF BURIAL
New Bethlehem	5/7 1931
20. UNDERTAKER	**ADDRESS**
Thos. Beiderwiedes	1936 St. Louis Ave.

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.