

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

Do not use this space.

21436

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. City, Ward #1) St. Ward)

File No.
 Registered No. 5220

2. FULL NAME

Edward W. Brinkman
 (a) Residence, No. 2909 A Michigan St. 16 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Brinkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer & Sons
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME John Brinkman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Marie Brinkman (ADDRESS) 2909 A Michigan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE June 16 1933

19. UNDERTAKER Wiegand (ADDRESS) 422 E. St. Louis Highway

20. FILED JUN 14 1933 J. Brinkman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

210M
Shock & Injuries (Fracture of skull), received when he walked into a auto in St. Louis, Mo.
 Other contributory causes of importance: 210 Accident
 Date of onset 200

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6/13, 1933
 Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place
 Manner of injury Deceased walked into auto
 Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. Brinkman
 (Address) St. Louis, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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3

6/14/33

