

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

9825
 Do not use this space.

APR 25 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Haw Primary Registration District No. 1002
 (c) City N.E. Mo (d) Street No. 4308 Man St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652-Inf Brink
 (a) Residence, No. 4308 Man St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-39
 22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1939, to 3/02, 1939
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Stillborn
 Date of onset 3/22/39

Other contributory causes of importance:
Prematurity - 6 mts gestation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis City Missouri
 13. NAME Justin C. Brink
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 15. MAIDEN NAME Virginia E. Reed
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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

17. INFORMANT (ADDRESS) Record Clerk N.E. Mo
 18. BURIAL, CREMATION, OR REMOVAL Reed Cent DATE 3-24-39

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John B. Campbell 536 Campbell
 20. FILED Mar 23 1939 Man Brown Local Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....
 If so specify.....
 (Signed) V. E. Reed, M. D.
 (Address) 3034 Harrison

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.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.