

WED AUG 25 1940 791

State File No. _____

Registration District No. _____

Primary-Registration District No. _____

1003

Registrar's No. 5819

1. PLACE OF DEATH:

(a) County 1430n Grand Ave.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1430 n. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1940 hour 1:12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 7/7/40
_____ 19____ to _____ 19____
that I last saw him alive on 7/6 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Bacterial Endocarditis 5 mo
Rheumatic Fever

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
5 mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 11 24 Jefferson Date signed 7/10/40

3. (a) PRINT FULL NAME Harry Brinkley 652
3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-09-0482

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 11, 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Samuel Brinkley

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scott

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Brinkley

(b) Address 1430n Grand Ave

17. (a) Burial (b) Date thereof July 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2631 Wash St.
19. (a) JUL 10 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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. *Empty*
working under my personal supervision.

Signed

Lennie Bayliss

Licensed Embalmer No.

2246

P. O. Address

St Louis Mo

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.