

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16434
Registrar's No. 3952

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5353 Ruskin Ave/
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 74 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7-17
(d) Street No. 5353 Ruskin Ave
(If rural, give location) 9
(e) Citizen of foreign country? Yes (Yes or No) A
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1941 hour 8:30 PM minute _____ M.
21. I hereby certify that I attended the deceased from 2/12/1940
_____ 19____ to _____ 19____
that I last saw her alive on 5/7
and that death occurred on the date and hour stated above. 5/7 1941

Immediate cause of death _____
Initial respiratory
Due to _____
Due to _____
Other conditions 12
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 1
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Magdalena Brinkmeyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

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

7. Birth date of deceased April 6, 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 1 1 hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Herman Hasselbusch

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

14. Maiden name Adefine Tomford

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

16. (a) Informant Mrs J.W. Ficken

(b) Address 5353 Ruskin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 10 1941 (Date received local registrar) (b) J. T. Budeck (Registrar's signature)

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 0
23. Signature Richard L. Boyd (M. D. or other) _____
Address 4901 1/2 Broadway Date signed 5/8/41

{Licensed Embalmer's Statement on Reverse Side}

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

00
17
9

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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, fact should be so stated above.