

FILED APR 17 1942
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **036**
(c) City or town **Washington, Mo.** **6**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **Unknown** **NR**
(If rural, give location)
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **August H. Brinkman**

3. (b) If veteran, name war
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Elizabeth** (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **March 14 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 18 hr. min.

9. Birthplace **Washington Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown** **9**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Eugene Brinkman**
(b) Address **2835 Miami**

17. (a) **Removal** (b) Date thereof **4/5/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Albert H Hoppe**
(b) Address **4700 Washington**

19. (a) **APR 2 1942** **J. F. Oredick**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**, year **1942** hour **12:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 25**, 19**42** to **April 2**, 19**42**
that I last saw h. **im** alive on **April 2**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **intermittent death disease**
Due to **disease**
Due to **AS**
Other conditions (Include pregnancy within 3 months of death) **AS**

Major findings: Of operations
Of autopsy
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) (c) Means of injury **0**
23. Signature **1515 Lafayette** (M. D. or other) **0**
Address Date signed **4/2/42**

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

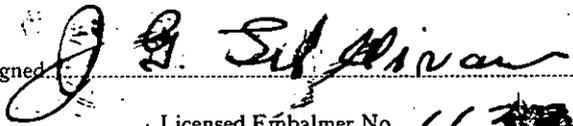
079

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. 11741

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, fact should be so stated above.