

FILED JUL 28 1947 91

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6054

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

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME William P. Brinkmeier

3. (b) If veteran, name war.....

3. (c) Social Security No. 488-05-6998

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Brinkmeier

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 7 2 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 58 0 13 hr. min.

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

10. Usual occupation Beer Bottler

11. Industry or business Anheuser-Busch

12. Name Henry Brinkmeier

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

14. Maiden name Sally Ellenberger

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Brinkmeier

(b) Address 2931 Michigan

17. (a) Burial (b) Date thereof 7-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Boulevard

19. (a) JUL 17 1942 (b) J. F. Mesick
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2931 Michigan Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1942 hour 11:45 P.M. minute..... M.

21. I hereby certify that I attended the deceased from July 9, 1942, to July 15, 1942
that I last saw him alive on July 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar and lobular pneumonia Duration.....

Due to.....

Due to.....

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Right lobe pneumonia
left lobular pneumonia

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)

(a) Means of injury.....

23. Signature J. F. Mesick M.D. (M. D. or other)
Address 3221 Ave of St. Date signed July 16 1942

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. *3114*

P. O. Address *Atkins, 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.