No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 110

FILED JAN 12 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 55

**1. PLACE OF DEATH:**

(a) County

(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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 917
(If outside city or town limits, write "RURAL")

(d) Street No. 7633 NEBRASKA
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary ELIZABETH Brinkman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife AUGUST

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

7. Birth date of deceased OCT. (Month) 5 (Day) 1860 (Year)

8. AGE: Years 83 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name Conrad Kruse
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY E WORKING
15. Birthplace DON'T KNOW (City, town, or county) (State or foreign country)

16. (a) Informant EUGENE BRINKMANN
(b) Address 7835 A MIAMI ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/5/44 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SS PETER & PAUL

18. (a) Signature of funeral director Gebken-Benz
(b) Address 8412 Meramec St

19. (a) JAN 4 1944 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 2 year 1944 hour 2:35 minute A M.

21. I hereby certify that I attended the deceased from November 11, 1943 to January 2, 1944; that I last saw her alive on January 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Sigmoid 8

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Kreinehoff (M. D. or other)

Address 1515 Lafayette Avenue Date signed 1/3/44

(Licensed Embalmer's Statement on Reverse Side)

Embalmers Sep Cert file JUN 4 1944

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 wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**