

No. 2  
1-2-43  
5-17-39  
X35697

FILED FEB 27 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **441**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
922 Bellerive Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 61 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 922 Bellerive Blvd.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Ida Brinkop

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 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 August 13, 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Christian Brinkop

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

14. Maiden name Lisetta Kollas

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

16. (a) Informant Mr. Fred Brinkop

(b) Address 722 Bellerive

17. (a) Burial (b) Date thereof Jan. 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St. Louis Avenue

19. (a) JAN 15 1944 (Date received local registrar) J. F. Brinkop (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13  
year 1944 hour 10 minute AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death. \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 181

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) (e) Means of injury \_\_\_\_\_

23. Signature W. F. Brinkop (M.D. or other) \_\_\_\_\_

Address Deputy Registrar Date signed 1/15/44

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

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**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.....

*John Koetter*

Licensed Embalmer No. *3880*

P. O. Address. *4355 Washington*

**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.**