

FILED SEP 8 1944
Registration District No. **312**

Primary Registration District No. **1002**

Registrar's No. **22519** ✓

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:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
(Specify whether
 In this community.....
years, months or days)

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..... **8527 Drury Lane**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Ruth W. Brinker**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22**,
 year **1944** hour **3:00** PM minute..... M.

21. I hereby certify that I attended the deceased from **8/20/44**
, 19.. to **8/22/44**, 19..
 that I last saw h. **e** alive on **8/22/44**
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Charles S. Brinker** 6. (c) Age of husband or wife if alive..... **43** years

7. Birth date of deceased **November 6, 1903**
(Month) (Day) (Year)

Immediate cause of death.....
Adenoma of Pancreas. 16 yrs

Due to.....
 Due to..... **56**

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

8. AGE:

Years	Months	Days	If less than one day
40	9	16	hr. min.

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

10. Usual occupation **At home**

11. Industry or business.....

MOTHER { 12. Name **Duffy Stoepelmann**

13. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Brinkmeyer**

15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles S. Brinker**

(b) Address **8527 Drury Lane**

17. (a) **Burial** (b) Date thereof **8/25/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

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

(b) Address **2161 East Fair Ave**

19. (a) **AUG 24 1944** (b) **J. Bredeek**
(Date received local registrar) (Registrar's signature)

Major findings: **As above.**

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 **P. J. Beauvais M.D.** (M: Dist other)
 Address **634 D. pond** Date signed **8/25/44**

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

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

Gustav W. Dickel

Licensed Embalmer No. *4329*

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.