

No. 2  
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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39192**  
Registrar's No. **11276**

FILED JAN 15 1945  
18

Primary Registration District No. **1003**

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:  
3841 Fillmore  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

**3. (a) PRINT FULL NAME** Fred A Brinkmann

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Brinkmann 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 1, 1866  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
78	5	27	hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business.....

12. Name Not known

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Brinkmann  
 (b) Address 3841 Fillmore

17. (a) burial (b) Date thereof 1/2/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation J Trinity Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons  
 (b) Address 7027 Gravois

19. (a) JAN 2 1945 J. F. Brudeck  
(Date received local registrar) (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. 3841 Fillmore  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 28th  
 year 1944 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from December 27, 1944, to December 28, 1944, that I last saw him alive on Dec. 28, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Arteriosclerosis

Other conditions Remittent fever  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

**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 J. F. Brudeck (M. D. or other).....  
 Address 7702 Date signed 12/30/44

Duration 1 day

PHYSICIAN Urologist

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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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.....

*E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address. *7027 Grand*

**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.**