S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1876

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 16.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town — (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 North Middle (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 78 yrs. 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape 16
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 219 No Middle (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Louis BRINKOPF
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Linda
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept (Month) 30 (Day) 1866 (Year)

8. AGE: Years 78 Months 3 Days 4 If less than one day hr. min.
9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Stone Mason
11. Industry or business
FATHER
12. Name Frederick Brinkopf
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Johanna Lane
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Linda Brinkopf
(b) Address Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier
18. (a) Signature of funeral director J. G. Howell
(b) Address Cape Girardeau Mo
19. (a) 1-26-45 (Date received local registrar) (b) H. S. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1945 hour 1 minute 50A M.
21. I hereby certify that I attended the deceased from June 26, 1940, to Jan 4, 1945; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	
Due to ?	
Due to ? 46 b	
Other conditions Secondary Anaemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma of Stomach Scirrhus of Corpus - Emaciation

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 Carl W. Immenuar (M. D. or other)
Address 222 N Middle Date signed Jan 24/45

1014

(Licensed Embalmer's Statement on Reverse Side) Cape Girardeau, Mo.

RECEIVED

District Health Officer No. 4

District File Number 145-150

Date Filed 1-29-45

FEB 1 1945

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.