S. No. 2
M—5-43
. 5-17-39
I X36671

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. 4027

FILED MAR 9 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1882

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3644 Dunnica
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3644 Dunnica 16
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sophie Brinkman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Nov. (Month) 27 (Day) 1869 (Year)

8. AGE: Years 75 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Gernany (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Frederick Ruemenapp
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Augusta Schrader
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Otto B Brinkman
(b) Address 3644 Dunnica

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-1945 (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Singbermuehl Funeral Home
(b) Address 3819 S. Grand Blvd

19. (a) FEB 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26
year 1945 hour 730 minute A M M.

21. I hereby certify that I attended the deceased from January 1, 1942, to February 24, 1945
that I last saw her alive on February 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Pericarditis

Due to Chronic nephritis

Other conditions Hypertension
(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 0

23. Signature Chas. H. Weinsberg M.D. (M.D. or other)

Address 3232 Lafayette Date signed 11.26.45

(Licensed Embalmer's Statement on Reverse Side)

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 Geo W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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.