V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

State File No. 21724

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5824

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: 1470 Laurel Street.
(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) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 76

(d) Street No. 1470 Laurel Street.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lizzetta Charlotte Brinkmann.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frederick W. Brinkmann.

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

7. Birth date of deceased September 26, 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	9	7	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Schmale.
13. Birthplace Brockum, Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace Brockum, Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frederick. W. Brinkmann.
(b) Address 1470 Laurel Street.

17. (a) Burial (b) Date thereof 7-6-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) JUL 5 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd.
year 1945 hour 8 minute 07 A.M.

21. I hereby certify that I attended the deceased from Nov. 12, 1944 to July 3, 1945
that I last saw her alive on July 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon.

Due to Ch. Myocarditis

Due to Arterio Sclerosis

Other conditions
(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

23. Signature Thordon Grant (M. D. or other)

Address 4500 Oliver Date signed 7/3/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Theo. Greiner.
4500 Olive Street.
Telephone Forest 3800

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 Ray E. Campbell

Licensed Embalmer No. 3881

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.