

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 20 1946
Registration District No. **317**

Primary Registration District No. **3066**

Registrar's No. **1263**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
223 Smith Ave.
(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 George Brinkmann

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 Mamie 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 24 hr. min.

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

10. Usual occupation Painter-Decorator

11. Industry or business _____

12. Name Nicholas Brinkmann

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Brinkmann

(b) Address 223 Smith Ave.

17. (a) Burial (b) Date thereof June 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Paul Cen.

18. (a) Signature of funeral director John H. Gillen, Southland Co.

(b) Address 2630 Gauvois Ave.

19. (a) 6-11-46 (b) E. J. McHarran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 233 Smith Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1946 hour 9,30 minute A M.

21. I hereby certify that I attended the deceased from Jan
1944 to June 8, 1946
that I last saw him alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of right lung metast.

Due to _____
47 d

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

Major findings:
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? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature S. J. Vallmor (M. D. or other) MD

Address 53 W. Big Bend Date signed 6/9/46

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

MOTHER FATHER

9461 9 T 7M

02 NOV

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 Robert T. Gebken
Licensed Embalmer No. 4144
P. O. Address 2630 Gravois Ave.

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.