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OM-5-43  
v. 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

28484

State File No. \_\_\_\_\_

**FILED** AUG 20 1948  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7052**

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:  
**3917 Olive 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 **St. Louis** **9.**  
(c) City or town **Wellston** **(14)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6312 Derby Avenue.**  
(If rural, give location) **NR.**  
(e) Citizen of foreign country? **No** (Yes or No) **1**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William C. Brink.**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **493-10-8997**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10th**  
year **1946** hour **6.14** minute **00 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife **Estella Brink.**  
6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **August 28, 1891.**  
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day  
**54** **11** **13** hr. min.

Immediate cause of death \_\_\_\_\_  
**Coronary Thrombosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **Hoffmann, Illinois.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Street Car Operator.**

11. Industry or business **Public Service Co.**

12. Name **William Brink.**

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

14. Maiden name **Louise Henke.**

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

16. (a) Informant **Mrs. Estella Brink.**

(b) Address **6312 Derby Avenue.**

17. (a) **Burial** (b) Date thereof **8-13-1946.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**

(b) Address **5966-68 Easton Avenue.**

19. (a) **AUG 12 1946** (b) **J. F. Bredean**  
(Date received local registrar) (Registrar's signature)

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? **3**

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **8/12/46**

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

AUG 16 48

27022

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 Clement McInerney  
Licensed Embalmer No. 3732  
P. O. Address St. Louis

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.