

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18645  
State File No.

FILED JUN 14 1947

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 5664

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(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 Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aao  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4340 Michigan 9  
15 (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Catherine Brinker

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bernard F. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 9 1875 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 0 28 hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Valentine F. Brinker (b) Address 4340 Michigan Av.

17. (a) Burial (b) Date thereof June 11, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery Gebken-Benz Mortuary

18. (a) Signature of funeral director (b) Address 2842 Meramec St.

19. (a) JUN 9 1947 (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1947 hour 7 minute 45 P.M.  
21. I hereby certify that I attended the deceased from May 18, 1947 to June 7, 1947; that I last saw her alive on June 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart disease  
Due to Arteriosclerotic heart disease

Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: Of operations  
Of autopsy As above

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature F.R. Bradley (M. D. or other) Address Barnes Hospital Date signed 6/8/47

Duration  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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..... **me** .....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Loron E. Percy*

Licensed Embalmer No. **4094**

**2842 Meramec St.**

P. O. Address **St. Louis, 18 Missouri**

**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.**