

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34964

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

FILED OCT 27 1949

BIRTH NO. 67116-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8204

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>	
c. LENGTH OF STAY (in this place) <u>10 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>REAR. 1406 BENTON ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Josephine Heitkamp HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>NICHOLAS</u> c. (Last) <u>BRINKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 8 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>October 8 1949</u>
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Victor Brinker</u>	
13b. MOTHER'S MAIDEN NAME <u>Florence Pangas</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Victor H. Brinker</u>		ADDRESS <u>1406 Benton St</u>	

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Prematurity

ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) no know cause  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>139</u> (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>776X</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Lynn BSMPI</u> (Degree or title)		23b. ADDRESS <u>1715 So 3 Rd, Florissant</u>		23c. DATE SIGNED <u>10-9-49</u>
24a. BURIAL (REMOVAL, CREMATION) (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 10TH 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>OCT 10 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Frazier</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brockland Und. Co. 1827 HOGAN ST.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

Licensed Embalmer No. ....

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.

*John J. Brockland*  
Embalmer  
Brockland and  
Brockland Pres