

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6035

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1611**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kingshighway &amp; Vandeventer</b>		d. STREET ADDRESS (If rural, give location) <b>5007 Lindenwood</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>Ernest</b>	b. (Middle) <b>P.</b>	c. (Last) <b>Brinkman</b>	(Month) (Day) (Year) <b>Feb 16 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 15, 1899</b>
9. AGE (In years last birthday) <b>50</b>		10. MONTHS <b>5</b>	11. DAYS <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>attorney</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis County, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Gottlieb Brinkman</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Weiss</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Brinkman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War # 1</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Brinkman</b>		ADDRESS <b>5007 Lindenwood</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 Hr.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Branchial Asthma</b> <b>15 yr.</b> 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 <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE) <b>241X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>Dec 16, 1949</b> , to <b>Feb 16, 1950</b> , that I last saw the deceased alive on <b>Feb 16, 1950</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. McDonald</b>		23b. ADDRESS <b>3126 No Grand - St. Louis</b>	
23c. DATE SIGNED <b>Feb 17 - 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Feb. 20, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Zion's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>	
DATE REC'D BY LOCAL REG. <b>FEB 18 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lancaster</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Krow</b>		ADDRESS <b>R &amp; H. Co. 2707 N. Grand</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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

*Stanley H. Dixon*

Licensed Embalmer No. *4193*

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.**