

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9739**
Registrar's No. **2018**

DECEASED **MAR 24 1952** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1918 PESTALOZZI		d. STREET ADDRESS (If rural, give location) 1918 PESTALOZZI	
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) SMITH c. (Last) BRINKMANN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 29 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-17-1896
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOX MAKER	11. BIRTHPLACE (State or foreign country) MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOX MAKER		10b. KIND OF BUSINESS OR INDUSTRY UNIVERSAL BOX	12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME PHILIP ASHLEY		13b. MOTHER'S MAIDEN NAME ANNA HELDEUSER	14. NAME OF HUSBAND OR WIFE ELMER BRINKMANN
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. 492-16-8861	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELMER BRINKMANN 1918 PESTALOZZI
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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		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) (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? 4201	
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 7:45 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Catrick E. Taylor (Degree or title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3 3 52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAR 3 1952	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 3 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 7906 Garvin	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leo J. Biddle

Signed.....
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *7906 Savaris*

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.