

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19219

State File No. ....

JUN 10 1953

318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5404

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 township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>8 weeks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hosp.</b>		STREET ADDRESS (If rural, give location) <b>16 3922 Hartford</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) c. (Last) <b>Brinkmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-29-1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-22-1886</b>
9. AGE (In years last birthday) <b>66</b>		10. UNDER 1 YEAR Months <b>6</b>	11. UNDER 24 HRS. Days <b>7</b> Hours <b>7</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Komer</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry J Brown 3911 Fairview</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>Transitional Cell Carcinoma Bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Uremia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19. INTERVAL BETWEEN ONSET AND DEATH <b>5-6 wks</b> <b>1 yr</b> <b>1 mo.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <b>Jan 1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of bladder</b>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>181X</b>	
22. I hereby certify that I attended the deceased from <b>Aug 24</b> 19 <b>48</b> , to <b>May 29</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>May 28</b> , 19 <b>53</b> and that death occurred at <b>1 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Walter Schattyn M.D.</b>		23b. ADDRESS <b>505 Humboldt Bldg.</b>	
23c. DATE SIGNED <b>May 29/53</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-1-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 29 1953</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>INGBERMUEHLE 3819 S Grand Blvd</b>	

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed *George J. King*

Licensed Embalmer No. *461*  
P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.