

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35177**
Registrar's No. **9694**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **ST. LOUIS** c. LENGTH OF STAY (In this place) **9 weeks**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL**
e. STREET ADDRESS (If rural, give location) **16 3145 Cherokee 21690**

3. NAME OF DECEASED
a. (First) **JOHN** b. (Middle) **H** c. (Last) **BRINKMEYER**
4. DATE OF DEATH (Month) (Day) (Year) **OCTOBER 23, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **March 27 1885** 9. AGE (In years last birthday) **69** 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Glass Worker**
10b. KIND OF BUSINESS OR INDUSTRY **Galss Company**
11. BIRTHPLACE (City and State or Foreign Country) **St Louis, Mo**
12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **John H Brinkmeyer** 13b. MOTHER'S MAIDEN NAME **Louisa Tepe** 14. NAME OF HUSBAND OR WIFE **Ida Koeppl Brinkmeyer**

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. **497-03-2109**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Ida Brinkmeyer 3145 Cherokee St**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cor of Samuel e**
ANTECEDENT CAUSES DUE TO (b) **Generalized Ataxias**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **6 mos**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? **153X**

22. I hereby certify that I attended the deceased from **9-1-54**, 19____, to **10-23-54**, 19____, that I last saw the deceased alive on **10-23-54**, 19____, and that death occurred at **10:41Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles H. Smith** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **10-25-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct 26 1954** 24c. NAME OF CEMETERY OR CREMATORY **Concordia Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis, Mo**

DATE RECD BY LOCAL REG. **OCT 25 1954** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Beiderwieden F. H. Inc., 1936 St. Louis Av**

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. *No.*
working under my personal supervision..

Student.....*Name*.....
Signature of Student Embalmer

Signed.....*Delis J. Krupin*.....

Licensed Embalmer No. *34*

P. O. Address *St. Paul*

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.