

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23522**
Registrar's No. **5682**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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 (If in this place) 68 YRS		c. CITY OR TOWN ST. LOUIS		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 ALEXIAN BROS HOSPITAL				STREET ADDRESS (If rural, give location) 3659 BELLERIVE				
3. NAME OF DECEASED (Type or Print) JOHN HERMAN BRINKMANN			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH JUNE 29 1955		Month		Day		Year		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6-30-1886		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BEER BREWER		10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHN BRINKMANN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARGARET BRINKMANN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 491-12-615		17. INFORMANT'S SIGNATURE OR NAME MARGARET BRINKMANN ADDRESS 3659 BELLERIVE				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia		INTERVAL BETWEEN ONSET AND DEATH _____						
ANTECEDENT CAUSES		DUE TO (b) Metastatic Carcinoma						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Carcinoma of Prostate						
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 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X				
22. I hereby certify that I attended the deceased from May 1954 to June 28, 1955 , that I last saw the deceased alive on June 28, 1955 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Stephen M. Tupper MD		(Degree or title)		23b. ADDRESS 818 Olive		23c. DATE SIGNED July 1 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 7-2-55		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. JUL 1 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. GENERAL DIRECTOR'S SIGNATURE Thomas Bates		ADDRESS 2906 Truman		

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.....
Signature of Student Embalmer

Signed *James C. Hill*.....

Licensed Embalmer No. *434*.....

P. O. Address *2906*.....

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.