

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28156**  
**6547**

BIRTH NO. **54039-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6547**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>23 2621 1/2 M<sup>c</sup> Nair 2239</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Brinkmann</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 12 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 12 1956</b>
9. AGE (In years last birthday) UNDER 1 YEAR Months Days	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mil</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and State or Foreign Country) <b>St Louis Mo</b>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Harold Brinkmann</b>	
14. MOTHER'S MAIDEN NAME <b>Virginia Carter</b>		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INFORMANT'S SIGNATURE OR NAME <b>Harold Brinkmann 2621 1/2 M<sup>c</sup> Nair</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		20. INTERVAL BETWEEN ONSET AND DEATH <b>1 m. suddenly</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>anaph. @c</b>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>placenta previa</b>	
21. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>jaundicity 28 wks gestation</b> DUE TO (c) <b>+ Premature separation of placenta</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	21. HOW DID INJURY OCCUR?	
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?	
22. I hereby certify that I attended the deceased from <b>7/12</b> , 1956, to <b>7/12</b> , 1956, that I last saw the deceased alive on <b>7/12</b> , 1956, and that death occurred at <b>3:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Inspector Lee</b>		23b. ADDRESS <b>3804 W. Myrtle Ave</b>	23c. DATE SIGNED <b>7/13/56</b>
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>	24b. DATE <b>7-13-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
DATE REC'D BY LOCAL REG. <b>JUL 13 1956</b>	REGISTRAR'S SIGNATURE <b>Charles Smith Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JOE P. FENDLER JR. 7128 MICHIGAN</b>	

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Clarence Richow

Licensed Embalmer No. 3093

P. O. Address 7128 Mick

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..