

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049287

SL-32391 XC 11708584

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **12628** STATE FILE NUMBER

FILED DEC 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
Rev. 4/59		
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83	BY AFFIDAVIT OF	

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, Missouri		c. CITY OR TOWN St Louis	
Length of stay in lb 48 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Admin Hospital		d. STREET ADDRESS (If outside, give location) 6318 Victoria	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last = George FRANCIS Brinkman			4. DATE OF DEATH Month Day Year 12/18/63
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2/23/15
9. AGE (last birthday) 48		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY BRINKMAN AUTO REP.	11. BIRTHPLACE (City and state or country) St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME John Brinkman	
14. MOTHER'S MAIDEN NAME Margaret Doun		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea + WWII		16. SOCIAL SECURITY NO.	
17. INFORMANT Sidney Brinkman, brother (see 2 above)		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) CARDIOVASCULAR COLLAPSE			INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
DUE TO (b) HEMORRHAGE FROM ESOPHAGEAL VARICES			2 WEEKS
DUE TO (c) LAENNEC'S CIRRHOSIS			5811 2 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 11/12/63 to 12/18/63 and last saw him alive on 12/18/63 Death occurred at 9:02 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. Randolph Hardy M.D.		22b. ADDRESS VAH, St Louis, Mo.	22c. DATE SIGNED 12/18/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 21, 1963	23c. NAME OF CEMETERY OR CREMATORY SS PETER & PAUL CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo
24. FUNERAL DIRECTOR Ambruster Mortuary	ADDRESS 6653 Clayton Rd	25. DATE RECD. BY LOCAL REG. DEC 20 1963	26. REGISTRAR'S SIGNATURE Road Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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,

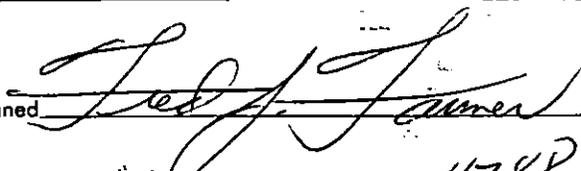
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4788

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.