

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40376

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **10003**
 City **St. Louis Mo.** (No. **3444 California Ave.**) St. Ward)

File No.
 Registered No. **12427**

2. FULL NAME

Francis Brinkmann
 (a) Residence. No. **3444 California** St., **24** Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | **White** | **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 24 - 1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | **2** | **4**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

10. NAME OF FATHER **Henry Seitrich**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Arndina Stahl**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT (Address) **Wm G. Brinkmann**
3444 California Ave.

15. FILED **L.C. 31 1925**
Max C. Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 28 - 1926**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 24**, 19**26**, to **Dec 27**, 19**26**, that I last saw **her** alive on **Dec 26**, and that death occurred, on the date stated above, at **3:30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A Bacterial Pneumonia
107A

CONTRIBUTORY (SECONDARY) **Metast Inflammation** (duration) yrs. mos. ds. **4**
 (SECONDARY) (duration) yrs. mos. ds. **4**

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **For Sherris** M. D.
12/28, 1926 (Address) **3145 E. Grand**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
New St. Marcus **Dec. 31 - 1926**

20. UNDERTAKER ADDRESS
Ziegenhain Bros. 2623 1/2 Chesnut

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

