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

Do not use this space.

25715

File No. 791
Registered No. 7313

1. PLACE OF DEATH

County ..... Registration District No. 1003
Township ..... Primary Registration District No. .....
City St Louis (No. ..... St. ..... Ward) St. Louis City Hospital

2. FULL NAME James B. Brinkhaus

(a) Residence. No. 2209 Warren St., 20 Ward.
(Usual place of abode) (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)
M	W.	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loretta Brinkhaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	7	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Store Setter 1865
(b) General nature of industry, business, or establishment in which employed (or employer) 1944
(c) Name of employer St Cut Stone Co

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

PARENTS

10. NAME OF FATHER Wm Brinkhaus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Katherine Luechen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO

14. INFORMANT Loretta Brinkhaus
(Address) 2209 Warren St

15. FILED AUG 13 1927, 19..... Max E Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Internal) due to falling from Roof of Church
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

185

8

(Signed) Wm Dever, M. D.
8/13, 19 27 (Address) Deputy Coroner

*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
Calvary Cem	Aug 16 1927
20. UNDERTAKER	**ADDRESS**
Kron & Co	2707 N. Grand

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.

WHEN PRINTED, WITH OVERLAPPING INSERTS, THIS IS A PERMANENT RECORD