

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

Do not use this space.

38871

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **11537**  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. **918 Starlan** St., **8** Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **28** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 11 - 1900**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**28 1 15**

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER **Henry Brinkman**

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

12. MAIDEN NAME OF MOTHER **Augusta Fitzgerald**

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

14. INFORMANT **Edw. Fitzgerald**  
(Address) **City of St. Louis**

15. FILED **Nov 27 1928**  
**W. E. Stankley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 16 1928**

17. I HEREBY CERTIFY That I attended deceased from **Nov 21**, 19**28** to **Nov 16**, 19**28** that I last saw him alive on **Nov 16**, 19**28**, and that death occurred, on the date stated above, at **8:33 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Lobar Pneumonia**  
**100%**

CONTRIBUTORY (SECONDARY) **10/10**  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **clinical**  
(Signed) **Edward J. Helweg** M. D.  
**11/16, 1928** (Address) **City of St. Louis**

\*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 **Friedens** DATE OF BURIAL **Nov. 28 1928**

20. UNDERTAKER **Matth. Hermann** **Aug. Loy**  
ADDRESS **2161 Fair Court**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dontman