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

Do not use this space.

8265

1. PLACE OF DEATH

County ..... Registration District No. 91 ..... File No. .....

Township ..... Primary Registration District No. 93 ..... Registered No. 1914

City St. Louis, Mo. (No. St. John's Hospital ..... St. ..... Ward)

2. FULL NAME Henry Brinker

(a) Residence. No. Carrollton, Ill. St. 12 Ward. Carrollton Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U.S., if of foreign birth? 67 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	9	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(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) Germany

PARENTS

10. NAME OF FATHER Andrew Brinker

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

12. MAIDEN NAME OF MOTHER Kathrine----

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

14. INFORMANT Miss Helena Brinker
(Address) 4434 - Forest Park Blvd

15. FILED 8 10 1929 Rex C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Feb 9, 1929, that I last saw him alive on Feb 9, 1929, and that death occurred, on the date stated above, at 3 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas with extention to mesentery 41 E 40 E

49 (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis general

(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Carrollton Ill

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? post mortem

(Signed) Wm P. Glennon, M.D

Feb 9, 1929 (Address) University Cb Bl. 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 Carrollton Ill — DATE OF BURIAL Feb 12 1929

20. UNDERTAKER Simpson Fnd Co — ADDRESS Carrollton Ill

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.