

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

Do not use this space.

27252

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 603337
 City Genevieve (No. 4201) Edgewood Ar. St. _____ Ward _____

2. FULL NAME

Joseph B. Brinkmann
 (a) Residence, No. 3838 Green Ar. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1865

7. AGE YEARS 66 MONTHS 10 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery, Retired
 10. Date deceased last worked at this occupation (month, and year) Apr. 1901 11. Total time (years) spent in this occupation 20

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

MOTHER 13. NAME Peter Brinkmann

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

15. MAIDEN NAME Christina Taenischetter

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mrs. Emma Brinkmann (ADDRESS) 3838 Green Ar.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla 8/26/32

19. UNDERTAKER Bergesch and Co. (ADDRESS) 3661 Washington Bl.

20. FILED 8/24 1932 Opella Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to Aug. 23, 1932
 I last saw him alive on Aug. 23, 1932 Death is said to have occurred on the date stated above, at 7:30 P.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Sclerosis
(Arterio-sclerosis of cerebral vessels with Amnesia and generalized muscular atrophy)
 Date of onset 5/8/25

Other contributory causes of importance: Chronic myocarditis 1-1-32

Name of operation Autopsy Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. P. Shaffer, M. D.
 (Address) 1020 Missouri Bldg.

MARGIN RESERVED FOR BINDING

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.

SEP 27 1932

