

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

Do not use this space.

AUG 6 1935

**791  
1003**

25086

**1. PLACE OF DEATH**

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

**2. FULL NAME**

*Frank E. Brinkmeyer Jr*  
(a) Residence, No. *3912 N 11th* St., *26* 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 *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 *Florence*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 29 1894*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
*40 11 29*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sheet Metal Worker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Walt Stamping Co*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME *Frank Brinkmeyer*

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

15. MAIDEN NAME *Katharin Neumann*

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

17. INFORMANT (ADDRESS) *Florence Brinkmeyer*  
*3912 N 11th St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jefferson Burials* DATE *Aug 30* 19*35*

19. UNDERTAKER (ADDRESS) *Edward Neal*  
*3514 N 14th St*

20. FILED *AUG - 1 1935* 19 *J. Bredech* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30 1935*

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *11:30* p. m.

The principal cause of death and related causes of importance were as follows:

*Excused Heart*  
*191*  
*30's*  
*Syphilitic Aortitis*

Other contributory causes of importance:

Name of operation..... 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? If so, specify

(Signed) *Harold P. Chung, M.D.*  
(Address) *Dep. Cor.*

*8/1/35*

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.

