

MAR 12 1936

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

Do not use this space.
8447

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Mo. Baptist Hospital**)

File No.
Registered No. **2129**
St. Ward)

2. FULL NAME

Robert Brinker
4548a Arco Ave. St. **18** Ward.

(a) Residence, No. (Usual place of abode)
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. (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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1933		
7. AGE YEARS 3	MONTHS 1	DAYS 8
If LESS than 1 day,hra. ormin.		

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

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

13. NAME **Martin A. Brinker**

14. BIRTHPLACE (CITY OR TOWN) **Washington**
(STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Catherine Wallweber**

16. BIRTHPLACE (CITY OR TOWN) **Virkwood**
(STATE OR COUNTRY) **Mo.**

17. INFORMANT **Martin A. Brinker**
(ADDRESS) **4548 A Arco Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Cem.** DATE **3-1** 19**36**

19. UNDERTAKER **Kriegshauser Mortuaries**
(ADDRESS) **4228 So. Kingshighway**

20. FILED **FEB 26 1936**
J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-26** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **1/23/36** to **2/29/36**
I last saw **him** alive on **2/25/36** 19... Death is said to have occurred on the date stated above, at **7:15 a.m.**
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation 2/26/36
Post Diphtheria Paralysis 2/1/36
of Pneumonia Gastric 1/1/36

Other contributory causes of importance:
Diphtheria 10 4/2/36

Name of operation **no** Date of
What test confirmed diagnosis? **no** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury, 19...
Where did injury occur? **no**

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
none
Manner of injury **none**
Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **Chas P Maeder**, M. D.
(Signed) **Chas P Maeder**
(Address) **3903 New Ave.**

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.

Mr. G. P. Martin

3905th Lee Ave

200642

1-3