MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8189

Township ..... Primary Registration District No. 1003 Registered No. 1638

City St. Louis (No. DePaul Hospital St. Ward)

2. FULL NAME Bernard W. Brinkman

(a) Residence, No. 5820 Enright Ave. St., 5 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17, 1862

7. AGE: Years 74 Months 1 Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick Contractor 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2
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): Ills. 2

FATHER

13. NAME: Wm. Brinkman 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Elizabeth Listerner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Frank Brinkman, Quincy, Ills.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Feb. 8, 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED FEB 6 - 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 5, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Feb 5, 1937.
I last saw him alive on Feb 5, 1937 Death is said to have occurred on the date stated above, at 11:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	Feb. 22/37
Other contributory causes of importance: Hypertension	1935

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

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) Wm. J. Langan, Jr., M. D.
(Address) 5883 Plymouth Av.

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.

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5803 Plymouth Ave. Ca 1220

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