

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.

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

Do not use this space.

28747

1. PLACE OF DEATH

SEP 10 1937

County.....

Registration District No.....

791  
1003

File No.....

Township.....

Primary Registration District No.....

Registered No. 7380

City St. Louis

(No. City Hospital No. 1)

St. Ward)

C. 5046

Henry Brinkhouse

2. FULL NAME

2028 Nicholson Place 23 Ward.

(a) Residence, No. (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

MEDICAL CERTIFICATE OF DEATH

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)

OCT. 2, 1870

AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .....hrs. or .....min.

66

10

1

OCCUPATION

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

elevator operator

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

City Hospital No. 1

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)

Missouri

FATHER

13. NAME

? HENRY BRINKHOUSE

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

? GERMANY

MOTHER

15. MAIDEN NAME

? UNKNOWN

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

? GERMANY

17. INFORMANT (ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEMETERY DATE AUG. 6, 1937

19. UNDERTAKER (ADDRESS)

Goodhart & Goodhart 2228 S. Hayes Ave

20. FILED AUG 4 1937

J. Bredeek Registrar.

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

8/3/37

22. I HEREBY CERTIFY, That I attended deceased from

7/13/37

8/3/37

I last saw him alive on 8/3/37

2, a

to have occurred on the date stated above, at.....m.

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

Central thrombosis  
Pulmonary thrombosis  
Bronchopneumonia

Date of onset

Other contributory causes of importance:

Generalized arteriosclerosis

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) Charles M. Jessner, M. D.

(Address) City Hospital No. 1

OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

DEPARTMENT OF JUSTICE

STATE OF CALIFORNIA