

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.

NOV 15 1937
ISOLATION HOSPITAL

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

35627

1. PLACE OF DEATH

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

File No.....
Registered No. 9204

2. FULL NAME Louise Brinkmann.

(a) Residence, No. 2630 South 12th St., 23 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9th 1889.</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>4</u>
	DAYS <u>20.</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Frederick Brinkmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Franks.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>	
17. INFORMANT <u>Stella Grady.</u> (ADDRESS) <u>5600 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Picnic</u> DATE <u>Oct 1 37</u>		
19. UNDERTAKER <u>Frederick Bros</u> (ADDRESS) <u>226 73 Chesapeake St</u>		
20. <u>GGT</u> <u>1 1937</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1937, to Sept. 29, 1937
I last saw her alive on Sept. 29, 1937. Death is said to have occurred on the date stated above, at 11:15 P. m.
The principal cause of death and related causes of importance were as follows:
Encephalitis Epidemica

Date of onset 9-21

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis? clinical 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) Henry J. Ullrich M. D.
(Address) 5600 Arsenal

