

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.

REC'D APR 11 1938

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

9113
Do not use this space.

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Florence Brinkmeier** *652*
 (a) Residence, No. **2401 Hadley Ave** St. **26**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 1 St 1888**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 ----- **7** ----- **19** -----

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Paper Box**

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

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 **August Neuhauser**

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

15. MAIDEN NAME **Julia Neuhauser**

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

17. INFORMANT **August Neuhauser**
 (ADDRESS) **1900 Wagner Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **National Cemetery, March 22, 1938**
Jefferson Barracks

19. FUNERAL DIRECTOR **Edmund Koch**
 (ADDRESS) **3516 4 14 St**

20. FILED **21 1938**
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/19/38** 19

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 **9:55 A.M.**

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

Broncho Pnaumonia.
Fracture left hip/ following fall on icy street, in front of about 1826 Gratiot St., while walking in center of street, on Dec. 13, 1937

Other contributory causes of importance: **about 7:50 A.M.**

Name of operation _____ 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? **Accident** Date of injury **12/13/37**
 Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **In Public Place**

Manner of injury **See Above**

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **Joseph M. Zuercher** M.D.
 (Address) **Deputy Coroner**

