

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

31096
 Do not use this space.

1. PLACE **SEPT 12 1936** **791**
 (a) County **St. Louis** Registration District No. **1003**
 (b) Township **St. Louis** Primary Registration District No. **1003** Registered No. **8533**
 (c) City **St. Louis, Missouri** (d) Street No. **922** **Bellerive** St.
 (e) Length of residence in city or town where death occurred **84** yrs. **2** mos. **18** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mr. Christian Brinkop** **652**
 (a) Residence, No. **922 Bellerive Blvd.** St. **1**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lisetta Kollas Brinkop**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9, 1854**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 **2** **18**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Realtor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Real Estate Co.**
 10. Date deceased last worked at this occupation (month and year) **Sept. 15, 1938** 11. Total time (years) spent in this occupation **4 yrs.**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**

FATHER 13. NAME **Christof Brinkop**
 14. BIRTHPLACE (CITY OR TOWN) **Germany**

MOTHER 15. MAIDEN NAME **Henrietta Sanders**
 16. BIRTHPLACE (CITY OR TOWN) **Germany**

17. INFORMANT **Ida Brinkop**
 (ADDRESS) **922 Bellerive Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Sept. 30, 1938**

19. FUNERAL DIRECTOR (NAME) **Reiderwieden F. H. Inc.**
 (ADDRESS) **1936 St. Louis Avenue**

20. FILED **SEP 19 1936** **J. Bredek** Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 27, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 22, 1937** to **Sept 27, 1938**
 I last saw him alive on **Sept 27, 1938** Death is said to have occurred on the date stated above, at **9:20 P.M.**

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

Carcinoma of buccal mucosa and mouth with terminal gland carcinoma Primary seat in tongue
 Other contributory causes of importance: **and gem margin**

Name of operation **45 B** Date of **Prognosis**
 What test confirmed diagnosis? **Prognosis** Was there an autopsy?

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 **hevelle Schuster**, M. D.
 (Address) **462 N. TAYLOR**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Merrill Schmitt
Taylor & Chive

10-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____
_____, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed _____
Licensed Embalmer No. 2737
P. O. Address 1936 W. Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.