

DEC 12 1938

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

37989  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Mo. (d) Street No. De Paul 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

Alma L. Brink,  
(a) Residence, No. 1822a Leffingwell Ave., St. 20 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Brink,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd, 1896  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Union, MissouriFATHER 13. NAME William Kastman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Amanda Maunte16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Mr. Osacr Brink,  
1822a Leffingwell Ave.,18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem Nov. 30th, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. Co  
1417 N. Market Street,20. FILED Nov 9 1938 19 J. J. Brudeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938 to Nov 28, 1938  
I last saw him alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 5:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Reclampsia, Inoperable Date of onset 11/27/38

Other contributory causes of importance:

Name of operation None Date of Nov 28, 1938  
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury Nov 28, 1938  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) A. J. Sewing, M. D.  
(Address) 2242 St. Louis Ave.

---

**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..... *John P. Buchholz*  
Licensed Embalmer No. *16740*  
P. O. Address *7223 St Louis Ave*

**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.**