

DEC 5 1938

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

39094
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township Washington, Mo. Primary Registration District No. 3016 Registered No. 100
 (c) City Washington, Mo. (d) Street No. 419 East 5th St. 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 32 yrs. 8 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur E. L. Brinkmeyer

(a) Residence, No. 419 East Fifth St., Washington, Mo. (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 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 Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 27th, 1906
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 26
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Florist
 9. Industry or business in which work was done, as saw mill, bank, etc. Florist
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1938, to Nov 23, 1938
 I last saw him alive on Nov 23, 1938. Death is said to have occurred on the date stated above, at 5:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Pericardial Tuberculosis
chronic
 Date of onset Sept 1930
 Other contributory causes of importance:
Diabetes Mellitus
Sept 1930

12. BIRTHPLACE (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Ed Brinkmeyer
 14. BIRTHPLACE (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Bertha Gebauer
 16. BIRTHPLACE (CITY OR TOWN) Marine
 (STATE OR COUNTRY) Illinois

17. INFORMANT Ed Brinkmeyer
 (ADDRESS) 419 E. 5th St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington, Mo. DATE Nov. 25, 1938

19. FUNERAL DIRECTOR (NAME) Otto & Co.
 (ADDRESS) Washington, Missouri.

20. FILED Nov. 23, 1938
A. D. May
 Local Registrar.

Name of operation none Date of ✓
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify
 (Signed) R. R. Cretley, M. D.
 (Address) Washington, Mo.
270

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.

36
8
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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. 2464

P. O. Address Washington Md

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.