REC'D JAN 6 1939

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

43021
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 297
(b) Township St. Johns — Primary Registration District No. 5414 — Registered No. 107
(c) City ~~Washington Mo~~ — (d) Street No. R.F.D. Washington - Mo — 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 55 yrs. 4 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eugene Ignatious Brinker
(a) Residence, No. R.F.D. Washington - Mo St.
(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: Male
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 Theresa Brinker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1883
7. AGE: YEARS 55 — MONTHS 4 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farming —
10. Date deceased last worked at this occupation (month and year) July 1935
11. Total time (years) spent in this occupation 40 yrs.

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

FATHER
13. NAME Peter Brinker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

MOTHER
15. MAIDEN NAME Catherine Koehring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow Mo

17. INFORMANT (ADDRESS) Mrs. Theresa Brinker R.F.D. Washington - Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. Catholic Ceme DATE 12/13/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg + Vitt - Inc Washington - Mo
20. FILED Dec. 12, 1938 — N A May, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938, to ~~Dec~~ 10, 1938
I last saw him alive on Dec 9, 1938. Death is said to have occurred on the date stated above, at 8:45a m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 1936

Other contributory causes of importance: Uraemia

Name of operation — Date of
What test confirmed diagnosis? Urine Was there an autopsy? No

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? No
If so, specify
(Signed) S. F. Goodrich, M. D.
(Address) Washington Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I-X14028

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, A. C. Nisberg, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed A. C. Nisberg

Licensed Embalmer No. 2387

P. O. Address .....

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.