

REC'D FEB 10 1939

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

856  
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. **3203 Palm St.** Registered No. **856**  
(e) Length of residence in city or town where death occurred **76** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Anna M. Trinkaus;**

(a) Residence, No. **3203 Palm St.** St. **10**  
(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 (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Trinkaus;**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 19th, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**76**      **5**      **87**

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

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) **St. Louis**  
(STATE OR COUNTRY) **Mo.**

13. NAME **Heinrich Seegers**

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

15. MAIDEN NAME **Louise Kreiger**

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

17. INFORMANT **Elmer Trinkaus;**  
(ADDRESS) **3203 Palm St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cem.** DATE **1-28-39** 19

19. FUNERAL DIRECTOR (NAME) **Provost Und. Co.**  
(ADDRESS) **3710 N. Grand Blvd.**

20. FILED **JAN 27 1939** **J. F. Brudeck**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-26-39** 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19**37**, to **Jan 26**, 19**39**  
I last saw her alive on **Jan 25**, 19**39** Death is said to have occurred on the date stated above, at **12.30** A.M.  
The principal cause of death and related causes of importance were as follows:

**Coronary thrombosis**

Date of onset

**1/23/39**

Other contributory causes of importance:

**Arterio sclerosis**  
**Ischemic mitral**

**10/1/37****10/1/37**

Name of operation **none** Date of **none**  
What test confirmed diagnosis? **visual autopsy** Was there an autopsy? **no**

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) **William T. Hensche** M. D.  
(Address) **3500 N. Grand**

W. J. Kiechi  
530 N. Grand  
8:9 - 1-2

**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, \_\_\_\_\_

Robert L. Brinkman

, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Robert L. Brinkman*

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

**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.**