REC'D APR 12 1939

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

8188
Do not use this space.

1953

1. PLACE OF DEATH

(a) County 1 Registration District No. 791

(b) Township Primary Registration District No. 1003 Registered No.

(c) City St. Louis (d) Street No. 910 N 20th 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 Mable Brinkley

(a) Residence, No. 910 No. 20th. St. St. 21 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	Colored	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Brinkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	43	28	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Housework

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) Missouri 1

FATHER

13. NAME JOseph Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 0

MOTHER

15. MAIDEN NAME Rena Boldin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Joseph Hunter
(ADDRESS) 1619 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE March 3 1939

19. FUNERAL DIRECTOR (NAME) C W Roberts Und Co
(ADDRESS) 3035 Lucas Ave

20. FILED MAR 1 1939 J. D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1939 to ....., 19....

I last saw her alive on Feb 23 1939 Death is said to have occurred on the date stated above, at 10 am

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

Myocarditis (Chronic) — Date of onset 1 yr.

Other contributory causes of importance: Hepatic Carcinoma 6 M.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) W. Moore, M. D.

(Address) 1326 Franklin Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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 H. Powell; or by .....

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

Signed Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 3035 Lucas

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

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