

REC'D JUL 14 1939

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

22077

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 296
(b) Township Union Primary Registration District No. 5413 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Catherine Gertrude Brinkmeyer

(a) Residence, No. Union, Missouri St. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johann H. Brinkmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 8 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired House Keeper
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) June 1, 1939
11. Total time (years) spent in this occupation 70 years 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow, Missouri.

13. NAME Christian Dehne

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

15. MAIDEN NAME Helena Eilers

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

17. INFORMANT Edwin H. Brinkmeyer
(ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Evangelical Church Cemetery, Union, Mo. DATE June 17, 1939

19. FUNERAL DIRECTOR (NAME) Union Funeral Home
(ADDRESS) Union, Mo.

20. FILED 6-17-39 James T. Hauer Local Registrar. 854

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1938, to 5/17, 1939
I last saw her alive on 5/17, 1939. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

Impairment of Old Age
(Cardio-renal failure)
Date of onset 8/12/38

Other contributory causes of importance: g. b.

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) Michael S. Heppich, M. D.
Union, Mo.

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 W. H. Horn
Licensed Embalmer No. 3175
P. O. Address Union, Mo.

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.