

Registration District No. 306

Primary Registration District No. 5424

Registrar's No. 12

1. PLACE OF DEATH:

GASCONADE

- (a) County GASCONADE
- (b) City or town "RURAL" BOEUF
- (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2

In this community 37 years, months or days

3. (a) PRINT FULL NAME FRANK HENRY BRINK

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Adella BRINK 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased FEBRUARY 2 1878

8. AGE: Years 62 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Bay, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name DIETERICH BRINK

13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name FREDERICKA MEIER

15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Erfmann

(b) Address Bay Mo

17. (a) BURIAL (b) Date thereof 8 - 19 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAULS Cem. BAY MO.

18. (a) Signature of funeral director W. F. Gettenbacher

(b) Address Owensville Mo.

19. (a) 8-17-40 (b) John Engelbrecht (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town "RURAL" (If outside city or town limits, write "RURAL")

(d) Street No. NEAR DRAKE NO. (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 1 day 16 year 1940 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug. 24, 1939, to Aug. 16, 1940; that I last saw him alive on Aug. 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis coronary atherosclerosis

Due to hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____ Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature John Engelbrecht (M. D. or other) _____

Address Stang Hill, Mo. Date signed 8/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Doy Sticke
....., Registered Apprentice No. *247*
working under my personal supervision.

Signed *W.F. Gottenstrater*
.....

Licensed Embalmer No. *1444*
.....

P. O. Address *Owensville 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.