

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33940
8637

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3727 a Evans a ve
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN BRINSTON

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 24 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 24 hr. min.

9. Birthplace Hermann Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Telegrapher

11. Industry or business retired

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Mary Walters

(b) Address 3727 a Evans Avenue

17. (a) burial (b) Date thereof Oct 21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. Brown & Co.

(b) Address 2707 N. Grand Blvd

19. (a) 16-19-40 (b) J. E. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3727 a Evans Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1940 hour 4 minute 15 pm.

21. I hereby certify that I attended the deceased from Oct 11 to Oct 18, 1940
that I last saw him alive on Oct 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Nephritis (Ch)

Due to _____

Other conditions 12/1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(Specify type of injury)

23. Signature J. E. Bruck (M. D. or other) 1940
Address 1446 S. Grand Date signed Oct 18/40

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

Carl F. Grobener

Licensed Embalmer No.

2631

P. O. Address

2707 N. Sha

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

If this body is not embalmed, fact should be so stated above.