

Registration District No. **791**

Primary Registration District 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: **5806 West Florissant Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether)
In this community **Birth**
years, months or days)

3. (a) PRINT FULL NAME **Wilhelmina Brinkmeyer**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 12, 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **10** **12** hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Henry Brinkmeyer**

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

14. Maiden name **Wilhelmina Vordenfelde**
(City, town, or county) (State or foreign country)

15. Birthplace **Cape Girardeau, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William E Brinkmeyer**

(b) Address **5806 West Florissant Ave**

17. (a) **Burial** (b) Date thereof **10/28/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **OCT 26 1940** (b) *[Signature]*
(Date received local registrar) (Signature of registrar)

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. **5806 West Florissant Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24th**
year **1940** hour **11:00 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **June 28** to **Oct 24**
that I last saw her alive on **Oct 24** and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial degeneration with failing compensation**

Due to _____

Due to _____

Other conditions **Anemia**
(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? _____

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

23. Signature **HA Lehman** (M. D. or other) **MD**

Address **1571 E Grand** Date signed **10/26/40**

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 *Samuel Hameth*

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

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.