

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL - BOWLEWARE
(If outside city or town limits, write "RURAL" and name of township)
(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 47 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUISE BRINKMANN

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

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

6. (b) Name of husband or wife F. Wm. BRINKMANN 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased JULY 2 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 12 If less than one day X hr. X min.

9. Birthplace BAY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name JOHN D. SCHWARTZ

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

14. Maiden name MARIE KEITHMEYER

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

16. (a) Informant F. Wm. Brinkmann

(b) Address Mo. Sterling, Mo.

17. (a) BURIAL (b) Date thereof 3 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZOAR CEMETERY (DRAKE)

18. (a) Signature of funeral director H. F. Kautz

(b) Address Quenerville Mo. 278

19. (a) 3-15-1941 (b) John D. Schwartz
(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 MT. STERLING, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14
year 1941 hour 6 A.M. minute 0

21. I hereby certify that I attended the deceased from July 10th
1940 to March 14, 1941
that I last saw him alive on March 14th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Apoplexy
Hypertension
Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 122

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) (c) Means of injury

23. Signature E. E. Rhodius (M. D. or other)

Address Bay Mo. Date signed

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

Signed

Myford H. H. Winters

Licensed Embalmer No. 3835

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.