

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19075**

Registration District No. **784**

Primary Registration District No. **116**

Registrar's No. **1082**

1. PLACE OF DEATH:

(a) County **St. Louis County Mo**

(b) City or town **Valley Park, Mo.**  
(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..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME **George Brinsa**

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

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Emilie Brinsa** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Nov. 27 1861**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**79 5 23** hr. min.

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

10. Usual occupation **Stove Worker**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Milburn A. Brinsa**

(b) Address **5546 Hebert Ave.**

17. (a) **Burial** (b) Date thereof **5-23-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem.**

18. (a) Signature of funeral director **Drehmann Herral**

(b) Address **1905 N. Union Blvd.**

19. (a) **MAY 24 1941** (Date received local registrar) (b) **W. K. Meyer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis Mo.**

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

(d) Street No. **Meramec Station Rd.**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**  
year **1941** hour **1.25** minute..... P.M.

21. I hereby certify that I attended the deceased from **May 16**  
**1941**, 19... to **May 20**, 19 **41**  
that I last saw **him** alive on **May 20**, 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 days**

Due to.....

Due to..... **83rd**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

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) (e) Means of injury.....

23. Signature **F. P. ...** (M. D. or other) **1**  
Address **Valley Park, Mo.** Date signed **5.20.41**

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

**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.....

*Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

**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, fact should be so stated above.**