

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37
6
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17921

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade
(b) Township Roark
(c) City

Registration District No. 303Primary Registration District No. 5420Registered No. 24

(d) Street No. _____ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ELI WM. F. BRINKMANN

(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7 - 1916</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>3</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Herman
(STATE OR COUNTRY)

FATHER
13. NAME Aug Brinkmann
14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Emilie Luetkenmeyer
16. BIRTHPLACE (CITY OR TOWN) Martha, Mo.
(STATE OR COUNTRY)

17. INFORMANT Aug. Brinkman
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Herman DATE 5/24/4219. FUNERAL DIRECTOR (NAME) Ed. Gledits
(ADDRESS)20. FILED May 23, 1942 A. H. Siedler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

Verdict of Coroner's Jury,
"Death was due to a gun-shot wound administered by his own hand!"

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 5/22/1942Where did injury occur? Gasconade Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in his homeManner of injury shot gunNature of injury wound in the head24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Ed. Gledits, Coroner D. O. XX(Address) Herman, Mo.

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.....

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

Signed Peter B. Dubrouille

Licensed Embalmer No. 3691

P. O. Address Hermann, 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.