S. No. 2
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5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22220

FILED JUN 29 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1376

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1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. 6/10/42. (Specify whether years, months or days)

In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 006

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 4326 John Avenue 9
(If rural, give location)

(e) Citizen of foreign country? – (Yes or No)

If yes, name country: –

3. (a) PRINT FULL NAME: Chester H. Brinkman

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: 491-14-7801

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Emma

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: April (Month) 17, (Day) 1894 (Year)

8. AGE: Years 48 Months 2 Days 8 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Clerk

11. Industry or business:

FATHER
12. Name: Edward Brinkman
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Naull
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schulley
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Provost Und. Co.
(b) Address: 3710 N. Grand Blvd.

19. (a) JUN 26 1942 (Date received local registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th, year 1942 hour 5:05 minute a.m.

21. I hereby certify that I attended the deceased from June 10, 1942, to June 25, 1942, that I last saw him alive on June 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PLEURISY, SUPPURATIVE, RIGHT, ACUTE, CAUSE UNDETERMINED.	2 weeks
Due to	
Due to	
Other conditions – (Include pregnancy within 3 months of death)	

Major findings: Of operations: Thoracenteses, 6/17/42, 6/18/42, Rib Resection 6/22/42.

Of autopsy: No autopsy.

PHYSICIAN: 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work: (Specify type of place) (e) Means of injury:

23. Signature: L. M. COCHRAN, M. D., (M. D. or other)
Address: Chief Medical Officer Date signed: 6/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.