

7451
OM-5-42
ev. 5-17-39
X32873

FILED FEB 1 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 602

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 15 Days
Life (Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000
1294
594

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

(d) Street No. 3725 Ohio Avenue
(If rural, give location)

(e) Citizen of foreign country?..... -- (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Margaret Brinkmann

3. (b) If veteran, name war..... --

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Henry Brinkmann 6. (c) Age of husband or wife if alive..... 49 years

7. Birth date of deceased..... October 8, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>11</u> hr. min.

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

10. Usual occupation..... Home

11. Industry or business.....

MOTHER FATHER

12. Name..... Frederick Brand

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

14. Maiden name..... Henrietta Schoerger

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

16. (a) Informant..... Henry Brinkmann

(b) Address..... 3725 Ohio Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1 22 1943
(Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthew's Cem.

18. (a) Signature of funeral director..... Stecher, Hildebrandt & Co.

(b) Address..... 3634 Gravois Avenue

19. (a) JAN 21 1943 (Date received for registration) J. F. Brudeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 19, 1943
year..... hour..... 5:40 minute..... P. M.

21. I hereby certify that I attended the deceased from..... January 5, 1943 to..... January 19, 1943
that I last saw her..... alive on..... January 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pulmonary Infarcts
Pleumatic Heart Disease
Mitral Stenosis

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations..... 9/30

Of autopsy..... as above

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?

23. Signature..... Louis J. Newcomb, M.D. (M. D. or other)
Address..... 1515 Lafayette Ave., Date signed..... 1/20/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Francis J. Hyland*.....
Licensed Embalmer No. *2645*.....
P. O. Address..... *St. Louis 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, fact should be so stated above.