

APR 28 1943
X2239

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH: **318**

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

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

(c) Name of hospital or institution: **3227 A IOWA AVE.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **58 Years In St Louis.**
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000 12 24 7**

(a) State **Missouri** (b) County _____

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

(d) Street No. **3227 A IOWA AVE.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **FRANK BRINDA (BRYNDA)**

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 **Widower**

6. (b) Name of husband or wife **Johanna Brinda** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 14, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	8	5	hr. m.

9. Birthplace **Austria** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business _____

12. Name **Frank Brinda**

13. Birthplace **Bohemia** **8/31**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Bohemia** **8**
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Urschler**
(b) Address **3227 A IOWA AVE.**

17. (a) **Burial** (b) Date thereof **April 21/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S. S. Peter & Paul**

18. (a) Signature of funeral director **Thos. Lupis & Son**
(b) Address **2906 Gravois Ave.**

19. (a) **APR 20 1943** (b) Registrar's signature **J. F. Bredem**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19** year **1943** hour **12** minutes **20** P.M. M.

21. I hereby certify that I attended the deceased from **April 17 1943** to **April 19 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis**

Due to **Postleukemic myocarditis of heart**

Due to **Chronic tuberculous nephritis**

Other conditions **large hernia**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no operation**
Of autopsy **none performed**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: **not due**

(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) Cause of injury _____

23. Signature **J. F. Bredem** M.D. or other _____
Address **2125 So Broadway** Date signed **7/20/43**

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

MOTHER FATHER

Dr. Leaneza
2105 Body

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.....

Waind. Van Fossen.

Licensed Embalmer No. *4242*

P. O. Address. *2906 Harris a*

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.