

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

MAY 11 1943

Registration District No. 117

Primary Registration District No. 5436

Registrar's No.

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL BOWTWARE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWENSVILLE ROUTE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ENTIRE LIFE years, months or days

3. (a) PRINT FULL NAME AUGUST F. BRINKMANN
(FREDERICK)
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 MARRIED
6. (b) Name of husband or wife ANNA M. ELIZA BRINKMANN 6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased FEBRUARY 22 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 1 27 ✓ hr. ✓ min.

9. Birthplace DAY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business
12. Name HENRICH F. BRINKMANN
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Henry F. Brinkmann
(b) Address Calver, Mo.
17. (a) BURIAL (b) Date thereof April 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ATKINS CEMETERY
18. (a) Signature of funeral director W. J. Lutenstrater
(b) Address Owensville, Mo.

19. (a) 4-21-43 (b) Mrs F. B. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. OWENSVILLE RFD (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1938 to 4-18 1943
that I last saw him alive on 4-17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis unknown

Due to _____
Due to _____

Other conditions Arthritis of spine
(Include pregnancy within 3 months of death)

Major findings: Of operations none 93d
Of autopsy none

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? _____

While at work _____ (Specify type of place) Means of injury 0
23. Signature Charles A. Schmitt (M. D. or other)
Address Calver, Mo. Date signed 4-21-43

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

MOTHER FATHER

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.....

Michael H. H. White

Licensed Embalmer No.....

3876

P. O. Address.....

Owensville, 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.