

7. S. No. 2
FORM-5-42
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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

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 _____

3. (a) PRINT FULL NAME AUGUST F. BRINKMANN
(FREDERICK)

3. (b) If veteran, name war V

3. (c) Social Security No. V

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.

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)

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>1</u>	<u>27</u>	<u>-</u> hr. <u>-</u> 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)

Major findings: Arthritis of spine

Of operations none

Of autopsy none

16. (a) Informant Henry F. Brinkmann

(b) Address Calbed, 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. Sattenströter

(b) Address Owensville, Mo.

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

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 _____

23. Signature Charles Schmitt (M. D. or other)

Address Calbed, Mo. Date signed 4-11-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

39
00

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.

3836

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.