

No. 2  
M-5-43  
5-17-39  
I X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 111  
Registrar's No. 294

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3835 Holly Hills /  
(d) Length of stay: In hospital or institution 51 years  
In this community 51 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis (d) Street No. 3835 Holly Hills  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Mr. Christian Brinkop, Jr.  
(b) If veteran name war  
(c) Social Security No. 492-03-9720

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Margaret Brinkop  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased December 25, 1892

8. AGE: 51 Years 0 Months 30 Days

9. Birthplace St. Louis Missouri

10. Usual occupation Salesman  
11. Industry or business Real Estate Company

MOTHER FATHER {  
12. Name Christian Brinkop  
13. Birthplace St. Louis Missouri  
14. Maiden name Lisetta Kollas  
15. Birthplace Germany

16. (a) Informant Mr. Eugene Brinkop  
(b) Address 4515 Magnolia Avenue  
17. (a) Burial (b) Date thereof Jan. 26, 1944  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Louis Avenue  
19. (a) JAN 26 1944 (b) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th  
year 1944 hour 7 minute 00 P. M.  
21. I hereby certify that I attended the deceased from Aug 10th 1942 to Nov 27th 1947  
that I last saw him alive on Jan 20th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 2 1/2 yrs  
arterio sclerosis 4 yrs  
Duration  
Due to  
Due to  
Other conditions:  
Major findings:  
Of operations  
Of 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?

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature A. M. Stein M.D. or other  
Address 3606 Leavitt Date signed 1/26/44

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

4

Dr. A. W. Stein  
~~3835 Hilly Halls~~

11-12-11

7-5-T.T.S. Sub

Mr. Callahan

**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

*Delia J. Krupin*

Licensed Embalmer No.

*3497*

P. O. Address

*1936 St. Louis*

**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.**