

No. 2
A-5-43
5-17-39
1 X36571

FILED MAY 2 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County ST. LOUIS, MO.
(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Trans to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME HERMAN HUNTER BRINKER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALMA HOELSCHER
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased NOVEMBER 28, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 25
If less than one day hr. _____ min. _____

9. Birthplace ST. H GERMANY
(City, town, or county) (State or foreign country)
10. Usual occupation FUMIGATOR

11. Industry or business _____
12. Name FRED HUNTER BRINKER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Heutdrunk
(b) Address 123 Houston St., St. Charles, Mo.
17. (a) Bureau of Health (b) Date thereof 4-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LUTHERAN CEMETERY
18. (a) Signature of funeral director H. J. Budack
(b) Address 324 N. 6th St. St. Charles, Mo.
19. (a) APR 24, 1944 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. CHARLES
(c) City or town ST. CHARLES
(If outside city or town limits, write "RURAL")
(d) Street No. 123 HOUSTON STR
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April, day 23, year 1944, hour 3, minute 45 P.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above
Immediate cause of death Cyanide Gas Poisoning Duration _____
While ventilating after fumigating of the Grand Hotel, 10 PM, Oct. 23, 1944 and while wearing and inhaling his employer's work improper mask protection
Other (concurrent or contributory) causes of death Personal carelessness on part of deceased
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 180
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accidents, suicide, or homicide (specify) Criminal Carelessness
(b) Date of occurrence April 23, 1944
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
(Specify type of place)
While at work _____ Means of injury Cyanide Gas
Signature Alfred J. Perry (M. D. or other) _____
Address 123 Houston St. St. Charles, Mo. Date signed 4/24/44

MAY 29 1904

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 *Howard B. Rowland*

Licensed Embalmer No. *3114*

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.