

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 1 1946** **STANDARD CERTIFICATE OF DEATH**

2335

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 34

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape  
(c) Name of hospital or institution:  
Family Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Gill  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 131 So Benton  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Brinkman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 14  
year 1946 hour 9 minute 0 A.M.

4. Sex Male 5. Color or race w  
6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 27 - 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/14, 1946 to 1/14, 1946  
that I last saw him alive on 1/14, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 6 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension  
Due to \_\_\_\_\_

9. Birthplace Cape Girardeau  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_  
Of autopsy 83w

11. Industry or business \_\_\_\_\_  
12. Name of father Aug Brinkman  
13. Birthplace Germany (State or foreign country)  
14. Maiden name Christine Lauer  
15. Birthplace Germany (State or foreign country)

22. If death was due to external causes, fill in the following:

16. Informant Paul Brinkman  
Address Peruville, Mo  
17. (a) Burial (b) Date thereof Jan 16 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Egypt Mills Mo

(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)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W. H. Howell  
(b) Address Cape Girardeau Mo  
19. (a) 1-29-1946 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

23. Signature O. Healy (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Mo Date signed 1/19/46

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

Sanitary Health Officer No. 4  
District File Number 146-161  
Date Filed 1-31-46

FEB 7 1946

FEB 26 1946  
FEB 27 1946

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..... *W. H. Estes* .....

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Cape Co. } ss.

State File No. 2335  
Local Registrar's No. 34

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 1946, before me appears \_\_\_\_\_

\_\_\_\_\_ who, upon \_\_\_\_\_ oath, states that the original record of <sup>birth</sup> death  
for Henry Brinkman <sup>died</sup> Jan 14, 1946 in the State of  
<sup>born</sup> Missouri, and which was filed at Jefferson City, Mo. on 2-1, 1946 should be corrected as follows:

Item No. 6 should read Mary Polly

Instead of \_\_\_\_\_

Item No. 7 should read June 27 1866

Instead of Jan 27 1866

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edna Brinkman Daughter  
Relationship.

1315 Benton  
Present Address.

Subscribed and sworn to before me this 21 day of February, 1946.

My Commission expires My Commission Expires January 20, 1940

J.P. Paul Notary Public.

