. S. No. 2
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ev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24867

State File No.

FILED JUL 22 1946

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1493

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 11-8-45 (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 Ogden Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BRINKERHOFF, James C.
3. (b) If veteran, name war P. I.
3. (c) Social Security No. 493-06-6747
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora E. Brinkerhoff
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased October (Month) 29 (Day) 1880 (Year)

8. AGE: Years 65 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Seward, Nebraska (City, town, or county) (State or foreign country)
10. Usual occupation Maintenance Man
11. Industry or business Wagner Electric Co.
FATHER
12. Name James Brinkerhoff
13. Birthplace Jersey (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Moffitt
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk, Vet.Adm.Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Vess Mortuaries Kraeger-Voss, Inc
(b) Address 3402 No. Kingshighway St. Louis, Missouri
19. (a) 7-16-56 (Date received local registrar) (b) E. G. McGanaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 6:15 minute A M.
21. I hereby certify that I attended the deceased from 11-8-45, 19__, to 7-13-46, 19__;
that I last saw him alive on July 13, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF PROSTATE	UNK
Due to 51-6	
Due to	
Other conditions PARAPLEGIA, SPASTIC, (Include pregnancy within 3 months of death) SECONDARY TO MULTIPLE METASTASES ~~Major findings~~ IN THE SPINAL CORD No Operation	UNK
Of autopsy No 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) No
(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?
(Specify type of place)
While at work? Means of injury
23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet.Adm. Hosp.Jeff.Brks., Mo. Date signed 7-13-46

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address 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.