S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1946

State File No. 31331

Registration District No. 31 Primary Registration District No. 3070 Registrar's No. 1870

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
416 Greeley Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 416 Greeley Ave 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward G. Brinkmeyer

3. (b) If veteran, name war

3. (c) Social Security No. 500-26-8208

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Brinkmeyer

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 6/20/1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	17	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 1

10. Usual occupation Vice President & General Manager

11. Industry or business Handlan Inc

MOTHER FATHER

12. Name John F. Brinkmeyer 0

13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

14. Maiden name Eliza Hake

15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs. Helen Brinkmeyer

(b) Address 416 Greeley Ave Webster Groves Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address 6633 Clayton Road

19. (a) 9-11-46 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th, year 1946 hour 11.20 minute A M.

21. I hereby certify that I attended the deceased from April 26, 1943 to 9/7/46, 19..; that I last saw him alive on 9/6/46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	Terminal
Due to Carcinoma esophagus	18 Months
Due to Malnutrition	12 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 A

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? (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? (e) Means of injury 0

23. Signature Harold K Robert (M. D. or other)

Address 3720 Washington Ave Date signed 9/12/46

(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.....Arnold W. Schoene.....

Licensed Embalmer No.....3864.....

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.