

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

1. PLACE OF DEATH:
 (a) County Franklin.
 (b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 428 High St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None.
(Specify whether)
 In this community 57 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Washington "Rural"
(If outside city or town limits, write "RURAL")
R. #1 W.
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Theresa Elizabeth Brinker.
 3. (b) If veteran, name war X
 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 17th.
 year 1947 hour 3:00 minute P. M.
 21. I hereby certify that I attended the deceased from
Feb. 7, 1946, to Mar. 17, 1947.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband Eugene I. Brinker.
 6. (c) Age of husband deceased years
 7. Birth date of deceased June 28th, 1889
(Month) (Day) (Year)

that I last saw her alive on March 15, 1947,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 8 19 hr. min.

Immediate cause of death: Coronary occlusion
 Due to Embolus probably
 Due to Secondary to recent

9. Birthplace Washington, Missouri.
(City, town, or county) (State or foreign country)
 10. Usual occupation House-work.

Other conditions: Operation Essential Hypertension - 8 yrs.
 Major findings: 3rd degree prolapse of
4th tricus. P. of fundus there

11. Industry or business X
 12. Name Fred Struckhoff,
 13. Birthplace Augusta, Missouri.
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Horstkamp,
 15. Birthplace Unknown, Unknown.
(City, town, or county) (State or foreign country)

Of autopsy 99
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. William Olsen
 (b) Address 428 High St. Washington, Mo.
 17. (a) Burial (b) Date thereof Mar. 20, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington, Mo.

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?
 While at work? (Specify type of place) (e) Means of injury 0

18. (a) Signature of funeral director Neiburg & Vitt, Inc.
 (b) Address Washington, Mo.
 19. (a) MAR 19 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Michael S. Hefrich (M. D. or other):
 Address Washington, Mo. Date signed 3/14/47

APR 18 1947

Date Filed 3/31/47
District File Number

District Health Officer No. 9,
RECEIVED

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.....

Jerome F. Swoboda, Registered Apprentice No. 441,
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2387

P. O. Address Washington, 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.