

S. No. 2
1-12-45
5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14888**
Registrar's No. **4119**

FILED **MAY 1 1947**
318

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
(b) City or town St. Louis Mo.
(c) Name of hospital or institution:
2301 Eugenia
(d) Length of stay: In hospital or institution —
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gas
(c) City or town St. Louis
(d) Street No. 2303 Eugenia
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Morris Brinkley
3. (b) If veteran, name war — 3. (c) Social Security No. 497-07-3939
4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Brinkley 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 10 12 1903

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18 year 1947 hour 7 minute 30 P.
21. I hereby certify that I attended the deceased from April 14 to April 18 1947
that I last saw him alive on Apr. 14 and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 6 Days 6 If less than one day — hr. — min.

Immediate cause of death Acute Congestive Heart Failure
Due to Pyelitis-Non-calculous

9. Birthplace Mariana Arkansas

Other conditions —
Major findings: 159

10. Usual occupation LABORER

11. Industry or business —
12. Name Sinia Brinkley
13. Birthplace Arkansas
14. Maiden name unknown
15. Birthplace unknown

PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Brinkley
(b) Address 2303 Eugenia
17. (a) Burial (b) Date thereof 4-23-47
(c) Place: burial or cremation National Cem., Jefferson
18. (a) Signature of funeral director Manuel J. Brudick
(b) Address 4059 Fanny Ave.
19. (a) APR 21 1947 (b) J. F. Brudick

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
23. Signature Leon B. Markert
Address 4069 E. Easton Date signed 4/20/47

(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..... *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address..... *4575 Aldine*

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.