S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14890

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 4467

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years 8½ months (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BRINNER, FRED.

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased August (Month) 28th; (Day) ~~1869~~ 1868 (Year)

8. AGE: Years 78 ~~77~~ Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

12. Name Henry Brinner

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Catherine ?

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 4-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Kelter

(b) Address 3500 Rutgers St.

19. (a) MAY 2 (Date received local registrar) (b) J. F. Brenick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 31st; 1947 day year - hour 4:30 P.M. minute M.

21. I hereby certify that I attended the deceased from July 2nd; 1945, to March 31st; 1947; that I last saw him alive on March 31st; 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Organic brain changes

Due to Generalized arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 1938 plus 1938 plus

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

23. Signature Palmer Ronsin Bowlish (M. D. ~~or other~~)

Address Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 14890
Local Registrar's No. 4467

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Fred Brinner, died/~~born~~ 3-31-, 1947 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Aug. 28. 1868
Instead of 1869.

Item No. 8 should read Age 78.
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

Item No. ..... should read
Instead of

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

(SEAL)

x Affiant John C. Brinner Nephew
Relationship.

R.R. 9 Box 342 Lenny Mo
Present Address.

Subscribed and sworn to before me this 8 day of April, 1952

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

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

Form V. S. 135
50M—8-43
I X37817