

**FILED AUG 8 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County..... **St. Louis**  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **20 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Nellie Brinkmaier**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. **487-18-3853**

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced..... **Divorced**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **July 26 1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62 0 1** hr. min.

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

10. Usual occupation..... **Seamstress**

11. Industry or business..... **Welsh Mfg Co**

12. Name..... **John Ellington**

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

14. Maiden name..... **Mary Neuman**

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

16. (a) Informant..... **Mrs. Anna Koschling**

(b) Address..... **6130 Emma Ave**

17. (a) **Burial** (b) Date thereof **July 31 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Friedens Cemetery**

18. (a) Signature of funeral director..... **Calvin F Feutz**

(b) Address..... **4828 Nat. ridge Blvd**

19. (a) **JUL 29 1947** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Madison**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **26 2919a N. 11th St**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**  
year..... **1947** hour **5** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **3 July 7, 1947** to **July 27, 1947**  
that I last saw **or** alive on **July 27, 1947**, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Bronchial Pneumonia**  
**Uterus Bilateral**  
**Pleural Effusion**  
**Rt. + Left**  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **110 a**  
Of autopsy.....

PHYSICIAN  
Underline the cause of 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. Signatur..... **L. Hayden** (M. D. or other) **no**  
Address..... **5849 Delmar** Date signed..... **7/29/47**

5899 *Belman*  
8-4 AM.  
Ca-7201

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..... *Ralph C. Lewallen*.....  
Licensed Embalmer No..... *4225*.....  
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.