

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

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural - Boulware Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
His home near Mt. Sterling, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
Near Mt. Sterling, MO.  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frederick William Brinkmann.

3. (b) If veteran, name war 2  
3. (c) Social Security No. \*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louisa C. Schulte 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased July 28 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 22  
If less than one day hr. .... min.

9. Birthplace Mt. Sterling Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business F. W. Brinkmann

MOTHER FATHER

12. Name Bay Missouri  
(City, town, or county) (State or foreign country)

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

14. Maiden name Henrietta Blinne  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Alvina Brinkmann

(b) Address Mt. Sterling, Missouri

17. (a) Burial (b) Date thereof 12-23-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zoar M.E. Cem. Drake

18. (a) Signature of funeral director Wilford H. N. Winters

(b) Address Owensville, Mo.

19. (a) 12/22/47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1947 hour 7 minute 8 A.M.

21. I hereby certify that I attended the deceased from Dec 1940 to 6 Jan 20 1947  
that I last saw him alive on Dec 16 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 7 yrs +  
Duration

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

23. Signature [Signature] M. D. or other [Signature]  
Address [Signature] Date signed 12-21-47

RECEIVED

Date Filed 7-15-47

District

Director 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.....

Harvey Kahle....., Registered Apprentice No. 9.....  
working under my personal supervision.

Signed *W. F. Gettenroeder*.....

Licensed Embalmer No. 1444.....

P. O. Address Owensville, 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.