No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8366

State File No.

FILED MAR 26 1948

Registration District No. 6

Primary Registration District No. 3020

Registrar's No. 40

36
6
2

WRITE PLAINLY—USING 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: St Frances Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington R1 E.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Joseph Anthony Brinkmann
3. (b) If veteran, name war none
3. (c) Social Security No. none
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 March (Month) 13 (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	18 hr. min.

9. Birthplace Washington Mo. (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name George J. Brinkmann
13. Birthplace Washington Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth C. Straatmann
15. Birthplace Washington, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Geo. J. Brinkmann
(b) Address Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Villa Ridge, Mo.
18. (a) Signature of funeral director Nieburg & Vitt Inc
(b) Address Washington, Mo.
19. (a) Mar. 15, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3-13, 1948, to 3-13, 1948
that I last saw him alive on 3-13, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intracranial Hemorrhage	16 hrs
Due to Hystoria and hemorrhagic diathesis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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. Signature H. M. Denny (M. D. or other) M.D.
Address Union Mo Date signed 3.15.48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Denny

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 25 1948

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 Lester H. Veitt

Licensed Embalmer No. 3254

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.