No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 7.2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12056

Primary Registration District No. 3320

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Franklin.
(b) City or town: Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis -
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Franklin 36
(c) City or town: Washington Mo 6
(If outside city or town limits, write "RURAL")
(d) Street No. 320 Locust 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none (1)

3. (a) PRINT FULL NAME: JOSEPHINE BRINKMEYER
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edward Brinkmeyer
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: May (Month) 23 (Day) 1879 (Year)

8. AGE: Years 68 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER
12. Name: Fred Weite
13. Birthplace: Germany - (City, town, or county) (State or foreign country) 4
FATHER
14. Maiden name: not known
15. Birthplace: Louise Bultmann (City, town) Germany (State or foreign country) 4
16. (a) Informant: Mr Edw Brinkmeyer
(b) Address: Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Mo
18. (a) Signature of funeral director: Otto H Eer
(b) Address: Washington Mo.
19. (a) Apr. 16, 1948 (Date received local registrar) (b) [illegible] (Registrar's signature) 00

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1948 hour 3:45 a. minute ..... M.

21. I hereby certify that I attended the deceased from April 2, 1948 to April 14, 1948 that I last saw him alive on April 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Infarctual obstruction — Duration
Due to: Arteriosclerosis hypertrophy fibrosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 4/10
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 (1)

23. Signature: [illegible] (M. D. or other) 7420
Address: 207 Elm Washington Mo. Date signed: 4-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 21 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 M, Registered Apprentice No. ....., working under my personal supervision.

Signed Maurice H. Willenbrink

Licensed Embalmer No. 45 H

P. O. Address Washington, D. C.

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.