

No. 300
-10-47
5-17-39
9-1 3908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 100's

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Mo. Baptist Hospital
(d) Length of stay: In hospital or institution 3-weeks
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cal.
(c) City or town St. Louis
(d) Street No. 5290 Waterman Ave. 12
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME William F. Brinkman
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4th., year 1948 hour 11:30 minute a. M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Florence C. Brinkman 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept. 9th., 1896 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1-48, 19 to 7-1-48, 19; that I last saw him alive on 7-4-48, 19; and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 9 Days 25 If less than one day hr. min.

Immediate cause of death
Due to Malignant Hypertension
Due to Atherosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations H & P
Of autopsy _____

9. Birthplace St. Louis Mo. U (City, town, or county) (State or foreign country)
10. Usual occupation Mgr. Iron Fireman Corp.

MOTHER FATHER
11. Industry or business William F. Brinkman
12. Name William F. Brinkman
13. Birthplace St. Louis Mo. U (City, town, or county) (State or foreign country)
14. Maiden name Margaret Quatmann
15. Birthplace St. Louis Mo. U (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Florence C. Brinkman
(b) Address 5290 Waterman Ave.
17. (a) Burial S.S. Peter & Paul (b) Date thereof 7-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) Date received local registrar JUL 6 1948 (b) Registrar's signature G. J. Brinkman

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?
While at work? (Specify type of place) (c) Means of injury
23. Signature A. K. Goodwood (M. D. or other) Date signed 7/6/48
Address Beacmont Bldg

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

1-4 pm
Tuesday

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address: 3840 Linsdell

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.