

FILED JUN 21 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5263

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:
4242 Randall Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Emma Louise Brinkmeyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Frederick Brinkmeyer 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased June 5, 1969
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Willers

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

14. Maiden name Augusta Lamb

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

16. (a) Informant Frederick Brinkmeyer

(b) Address 4242 Randall Pl.

17. (a) Burial (b) Date thereof 6/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUN 9 1948 (b) J. F. Brinkmeyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 9 4242 Randall Place 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 7 minute 45a M.

21. I hereby certify that I attended the deceased from Jan 8, 1948 to June 8, 1948
that I last saw him alive on June 8 and that death occurred on the day and hour stated above.

Immediate cause of death Embolic endocarditis

Due to Arteriosclerosis
chronic Myocarditis

Other conditions _____
(Include pregnancy within 3 months of death) 9/2

Major findings: Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature Wm. J. Brinkmeyer (M. D. or other) _____

Address 1918 East 9th Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.