

S. No. 30
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30879**
Registrar's No. **8245**

FILED OCT 1 1948 **318**

Registration District No. _____
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Months,
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County St. Louis,
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3140 Meramec St.,
15 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rev. Lambert Brinkmoeller, O.F.M.
(Francis Brinkmoeller)

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month September, 17th
year 1948 hour 6:00 minute _____ P.M.

4. Sex Male, 0 5. Color or race White, 6. (a) Single, widowed, married, divorced Single, 9

21. I hereby certify that I attended the deceased from Feb 3, 1948, to 9-17, 1948
that I last saw him alive on 9-16, 1948
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Degenerative Myocarditis 67660
Duration _____

7. Birth date of deceased December 28, 1865
(Month) (Day) (Year)

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>19</u>	hr. _____ min.

Due to _____

9. Birthplace Ludinghausen Muenster, Germany, 14
(City, town, or county) (State or foreign country)

Other conditions Senility 93
(Include pregnancy within 5 months of death)

10. Usual occupation Religious Priest, 1
Franciscan Fathers,

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Anthony Brinkmoeller, 9

22. If death was due to external causes, fill in the following:

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) _____

14. Maiden name Agnes Lammers, 9

(b) Date of occurrence _____

15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

(c) Where did injury occur? _____
(City or town) (County) (State)

16. (a) Informant Rev. Marion Habig, O.F.M.
(b) Address 3140 Meramec St.,

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial, (b) Date thereof 9/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____ (Specify type of place) (c) Means of injury _____

(c) Place: burial or cremation SS. Peter & Paul Cem.
Gebken-Benz Mortuary,
2842 Meramec St.,

23. Signature J. F. Braddock (M. D. or other) _____
Address 5600 Hampton Date signed 9/18/48

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) SEP 21 1948 (Date received local registrar) J. F. Braddock (Registrar's signature)

8245

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.....me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Loron E. Percy.....

Licensed Embalmer No.....4094.....

P. O. Address.....2842 Meramec St.,
St. Louis, 18, 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.