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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37908

Primary Registration District No. 1003

Registrar's No. 9888

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1815 N. Warne Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1815 N. Warne Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SOPHIA C. BRINKMAN

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 Widow

6. (b) Name of husband or wife John C. Brinkman

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 73			hr. min.

9. Birthplace Hoyelton (City, town, or county) Illihois (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Frederick Kruckmeyer

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Sgt. Harold A. Brinkman

(b) Address Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Ill.

18. (a) Signature of funeral director Boggs Funeral Home

(b) Address Centralia, Ill.

19. (a) NOV 15 1948 (Date received local registrar) (b) J B Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1948 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis	
Due to A.H.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to 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? (c) Means of injury

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 11-15-48

(Licensed Embalmer's Statement on Reverse Side)

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.....John Kelley.....

Licensed Embalmer No.....3880.....

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.