

FILED DEC 4 1948

Registration District No. 277

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38885

Primary Registration District No. 3068

Registrar's No. 2609

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7256 Southwest Ave.  
(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 \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7256 Southwest Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Howard Brinkmeyer

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

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

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

7. Birth date of deceased July 26 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 3 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Howard Wm. Brinkmeyer

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

14. Maiden name Mary Elizabeth Leezy

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

16. (a) Informant Betty Brinkmeyer

(b) Address 7256 Southwest Ave.

17. (a) Burial (b) Date thereof 11-27-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd.

19. (a) 11-26-48 (b) Edward H. Reichard  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 24  
year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from November  
1, 1948, to Nov 24, 1948;  
that I last saw him alive on Nov 24, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute subleukemic lymphatic leukemia Duration 2 1/2 months

Due to 740

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy not done

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

22. If death was due to external causes, fill in the following: no  
(a) Accident, suicide, or homicide (specify) no  
(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 Edward H. Reichard (M. D. or other)  
Address 62 Elmwood Ave. Webster Groves Date signed 11/24/48

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

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**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.....

*J.P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.**