

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14408

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 649

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS. CO. MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS. CO. MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLORISSANT. STATION R. 2 Box 511</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLORISSANT STATION R. 2 Box 511</u>	
c. LENGTH OF STAY (in this place) <u>9 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>New Halls Ferry & Douglas Rd.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>at Home New Halls Ferry Rd.</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>BRINKER.</u> c. (Last) <u>SR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 15-1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE. 30. 1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FLORISSANT. MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>HENRY. BRINKER</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE. YEAGER</u>	14. NAME OF HUSBAND OR WIFE <u>JOHANNA. BRINKER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHANNA. BRINKER. FLORISSANT. STATION R. 2</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture neck of Femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11/27/49 to 3-15-49</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis of iliac & femoral Arteries</u>		<u>3-14-49</u>
		DUE TO (c) <u>Pulmonary Infarct</u>		<u>3-15-49</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis E 90.30.1939</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SPORTS HORRORIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Florissant Station</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-27-49. 8 a. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped and fell on ice</u>

22. I hereby certify that I attended the deceased from 1-27-1949, to 3-15-1949, that I last saw the deceased alive on 3-15-1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rev. Johnson M.D.</u>	23b. ADDRESS <u>Ferguson Mo</u>	23c. DATE SIGNED <u>3-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCA. 18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SALEM LUTHERAN. CEM</u>	24d. LOCATION (City, town, or county) (State) <u>BLACKJACK Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/16/49</u>	REGISTRAR'S SIGNATURE <u>Thurmond L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diedrich. F. Home 8314 HALLS FERRY.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed

Clement McNeary

Signed.....

Student Embalmer

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.