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FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26320

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>237</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>8151 Stanford, St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Miss. Hosp.</u>				3. NAME OF DECEASED a. (First) <u>Bert</u> b. (Middle) <u>Brinkman</u> c. (Last) _____					
4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1949</u>		5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			
8. DATE OF BIRTH <u>12-7-1892</u>		9. AGE (In years last birthday) <u>56</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber.</u>			
11. BIRTHPLACE (State or foreign country) <u>Whester Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Sigmund</u>		13b. MOTHER'S MAIDEN NAME <u>Kaura Colbert</u>			
14. NAME OF HUSBAND OR WIFE <u>None.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Sigmund Brinkman</u> ADDRESS <u>St. Louis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>  <u>4:20</u> <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT (Specify) _____ SUICIDE _____ HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>10 AM 7/13, 1949</u> , to <u>Death 7/13, 1949</u> , that I last saw the deceased alive on <u>7/13, 1949</u> , and that death occurred at <u>11:40 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John Croive D.M.S.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>7/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rowland Mortuary Service 4103 Manchester St. Louis</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leola L. Thomas Cape Gir. Mo</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-25-49

Sanitation Health Officer No. 4

File Number 249-979

Date filed \_\_\_\_\_

AUG 30 1949

**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 Howard S. Hanan

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.