

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40746

No. 300  
10-48

FILED DEC 29 1949

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 174

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

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, Rural - St. John's</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington - Rural - St. John's</u>	
c. LENGTH OF STAY (in this place) <u>55 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 W.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F.D. #1 W.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thecla</u> b. (Middle) <u>A.</u> c. (Last) <u>Brinker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 6th, 1869</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR (Month) (Day) (Year) <u>3 16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo. D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Frank Niederholtmeyer.</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Koop.</u>		14. NAME OF HUSBAND <u>J. George Brinker.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. X</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence L. Brinker, Washington, Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis with Hypertension</u>				<u>3 3/4</u>	
		DUE TO (c) <u>Angina Pectoris</u>				<u>2-3 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-17-1947 to Dec 22, 1949, that I last saw the deceased alive on Dec 21, 1949, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. P. Eisenmann M.D.</u>		23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>12/23/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		99		FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg &amp; Vitt, Inc.</u>		ADDRESS <u>Washington, Mo.</u>	
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District File Number  
District Health Officer No. 9  
RECEIVED DEC 27 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.

Student .....  
Student Embalmer

Signed Jerome F. Swoboda  
Licensed Embalmer No. 4507  
P. O. Address Washington

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.