

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16382
Registrar's No. 12

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u> <u>0370</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Brinkmann</u> c. (Last) <u>Brinkmann</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1950</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>April 19, 1862</u>			
9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>88</u>		11. BIRTHPLACE (State or foreign country) <u>Woollam, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>herself</u>					
13a. FATHER'S NAME <u>Henry Giedinghagen</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stumpe</u>					
14. NAME OF HUSBAND OR WIFE <u>Fritz F. Brinkmann</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>**</u>					
16. SOCIAL SECURITY NO. <u>**</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Kramme</u> ADDRESS <u>Owensville, Mo</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>Rt. hemiplegia due to cerebral hemorrhage on hypertensive basis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>basis</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>2 dys.</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES ☐ NO ☒				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 ☐ NOT WHILE AT WORK ☐					
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>4-26</u> , 1950, to <u>4-28</u> , 1950, that I last saw the deceased alive on <u>4-28</u> , 1950, and that death occurred at <u>8:55 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paula Brinkmann, M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>					
23c. DATE SIGNED <u>5-2-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>					
24b. DATE <u>5-2-1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>					
24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H H Winter</u> ADDRESS <u>OWENSVILLE</u>					
DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>				REGISTRAR'S SIGNATURE <u>Charles H. Kramme</u>					

(Licensed Embalmer's Statement on Reverse Side)

District File Number _____

District Health Officer No. 9,

MAY 15 1958

RECEIVED

APR 21 1958

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 _____

Walter H. H. White

Signed _____
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, Mo.

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.