

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34621

State File No. 8107

FILED OCT 18 1950

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Registrar's No. 8107

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis Mo.</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>   |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, 2159</u>                                |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN. BROS.</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>4123 MINNISOTA</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>CONRAD</u>   |  | b. (Middle) <u>IT.</u>  |  | c. (Last) <u>BRINKER</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-1950</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>1-20-1879</u>   |  |
| 9. AGE (In years last birthday) <u>71</u>   |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 1 HR. Hours _____ Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NET</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>NIGHT WATCHMAN</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>LITTLE ROCK ARKANS.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>H. BRINKER</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>A. BOEKER</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>AGNES 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>AGNES BRINKER 4123 MINNISOTA</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.            |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES <u>Branchogenic Capsumonia of right shoulder suffered when deceased fell to the floor in his room at the Alexian Bros.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS <u>Resp. on Sept 21 1950 exact time unknown</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | MEDICAL CERTIFICATION<br><u>(Signature)</u><br><br>INTERVAL BETWEEN ONSET AND DEATH _____ |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <u>no accident</u>   |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>          |  |
| 21a. ACCIDENT SUICIDE OR HOMICIDE <u>Accident</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Resp</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) <u>St Louis Mo 2159 67-45</u>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 21 50 ?</u>   |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:50 P. m.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>(Signature)</u> (Degree or title) _____   |  |   |  | 23b. ADDRESS <u>1300 Clark</u>   |  | 23c. DATE SIGNED <u>9/25/50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>9-27-1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>SS PETER PAUL</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>                          |  |
| DATE REC'D BY LOCAL REG. <u>SEP 25 1950</u>   |  | REGISTRAR'S SIGNATURE <u>(Signature)</u>  |  | FUNERAL DIRECTOR'S SIGNATURE <u>(Signature)</u>  |  | ADDRESS <u>3819 S. Grand</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

5520

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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

*George J. Bernmelle*

.....  
Student Embalmer

..... Licensed Embalmer No. *4611*

..... P. O. Address *St. Louis, 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.