

STANDARD CERTIFICATE OF DEATH

44028

State File No.

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

REC'D DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3195

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</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) OR TOWN <u>KIRKWOODs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>426 Burns</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>426 Burns</u>		e. STREET ADDRESS <u>426 Burns</u>	

3. NAME OF DECEASED (Type or Print) <u>VICTOR</u>	a. (First) <u>ELMER</u>	b. (Middle) <u>BRINKMANN</u>	c. (Last)	4. DATE OF DEATH <u>DEC. 13-1952</u>
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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>July, 10-1910</u>	9. AGE (In years last birthday) <u>42</u>	if UNDER 1 YEAR Months <u>5</u> Days <u>13</u>	if OVER 1 YEAR Years <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Landscaping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bland Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Brinkmann</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Laubent</u>	14. NAME OF HUSBAND OR WIFE <u>Gusta Fleishmann</u>
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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>none</u>	16. SOCIAL SECURITY NO. <u>492-16-2087</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. V. E. Brinkmann</u>	ADDRESS <u>--same as above</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute myocarditis</u>		
	DUE TO (c) <u>post-influenzal Syndrome</u>		
11. 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>4808</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/10, 1952, to 12/13, 1952, that I last saw the deceased alive on 12/11, 1952 and that death occurred at 12:29 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Thesler</u> (Degree or title)	23b. ADDRESS <u>Kirkwood, Mo</u>	23c. DATE SIGNED <u>12/15/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>12/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hope Presbyterian</u>	24d. LOCATION (City, town, or county) (State) <u>Osage County Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-15-52</u>	REGISTRAR'S SIGNATURE <u>Hank R. Douthett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Norton</u>	ADDRESS <u>Funeral Home, Linn Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Heron M. Maston

Licensed Embalmer No. 4125

P. O. Address Levin, 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.