

FILED JAN 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44102
State File No. _____
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3338

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Johns

c. LENGTH OF STAY (in this place) OR TOWN 9 Mo.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2089

d. FULL NAME OF HOSPITAL OR INSTITUTION Rugh Manor Nursing Home.

d. STREET ADDRESS (If rural, give location) 8780 Oriole Avenue,

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes
b. (Middle) _____
c. (Last) Brinkmann

4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April-2-1870

9. AGE (In years last birthday) 82
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael Keilty

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mr Lee F. Brinkmann, ADDRESS 8770 Oriole Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH _____

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Myocarditis
Anemia
DUE TO (c) _____

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 293X

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) _____

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 Apr 1, 1952 to Dec 27, 1952 and that death occurred at 10:20 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. L. Schumaker M.D.

23b. ADDRESS 8816 St. Charles Rd.

23c. DATE SIGNED Dec. 27, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-30-1952.

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery.

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 12-29-52

REGISTRAR'S SIGNATURE Herkert R. Dando M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. ADDRESS 2161 E. Fair Ave.

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

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 _____

W. J. B. Bunsley

Licensed Embalmer No. _____

42070

P. O. Address _____

175 S. 1st St.

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.