

FILED JUN 20 1953

STANDARD CERTIFICATE OF DEATH

State File No. 22742  
5633

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri.</b><br>b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>De Paul Hospital</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>26 2835 North 20th Street.</b>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Mollie</b><br>b. (Middle)<br>c. (Last) <b>Brinkmeyer</b>   |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 4, 1953</b>  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Feb. 10, 1875</b>   |
| 9. AGE (In years last birthday)<br><b>78</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Missouri.</b>                   |
| 10b. KIND OF BUSINESS OR INDUSTRY   |                                  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13a. FATHER'S NAME<br><b>John Schulz</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Harry O. Brinkmeyer.</b>                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>H.O. Brinkmeyer, 2835 North 20th St.</b> |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.   |                                  | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of gallbladder</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION<br><b>6-4-53</b>   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of gallbladder</b>   |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                  |   |  |
| 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 <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 <b>4-9-53</b> , to <b>6-4-53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>6-4-53</b> , 19 <b>53</b> , and that death occurred at <b>2PP</b> m., from the causes and on the date stated above. |                                  |   |  |
| 23a. SIGNATURE<br><i>Walter H. Hoerner, M.D.</i>  |                                  | 23b. ADDRESS<br><b>1516 St. Louis</b>   | 23c. DATE SIGNED<br><b>6-5-53</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                                  | 24b. DATE<br><b>June 8, 1953</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Lucas Cemetery Sappington, Missouri.</b>    |
| 24d. LOCATION (City, town, or county) (State)   |                                  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>JUN 6 1953</b>   |                                  | REGISTRAR'S SIGNATURE<br><i>J. Carl Smith, M.D.</i>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Leidner Und.Co. 2223 St. Louis Av.</b>    |

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P.O. Address 2223 So. Green

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.