

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30661**

FILED **AUG 25 1953**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>2169</b>	
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>			
b. CITY (If eligible corporate limits, write RURAL and give township) <b>Manchester</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If eligible corporate limits, write RURAL and give township) <b>Shellston # 4301</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>1416 Evergreen</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LENA</b>			b. (Middle) <b>BRINKMAN</b>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 5 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>Sept 27 1871</b>		9. AGE (In years last birthday) <b>81 yrs</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (State or foreign country) <b>Marine, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Simon H Brinkman</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates otherwise) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Lilla Larige 1416 Evergreen</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Atherosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2</b>  <b>1 year</b>  <b>years.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>331X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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>June 1, 1953</b> , to <b>Aug 5, 1953</b> , that I last saw the deceased alive on <b>Aug 4, 1953</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Roy A. Wheeler Sr. M.D.</b>			23b. ADDRESS <b>Overland 14-53</b>			23c. DATE SIGNED <b>8-7-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug 8, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Marine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marine Illinois</b>	
DATE REC'D BY LOCAL REG. <b>8-7-53</b>		REGISTRAR'S SIGNATURE <b>Robert R. Domb</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>4700 Washington</b>			

40004

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

Manchester Nursing  
Home

Dr. P. A. Matthews

**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 J. Haines*

Licensed Embalmer No. 4108

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.