

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40225

State File No.

FILED DEC 10 1953

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

Registrar's No. 11419

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Gerald	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis, City Hospital		e. STREET ADDRESS (If rural, give location) 0360			
3. NAME OF DECEASED (Type or Print) Emil Brinkman			4. DATE OF DEATH Dec. 1, 1953.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec. 31, 1907	9. AGE (In years last birthday) 45.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a.	10b.	11.	12.	13a.	13b.
13a. FATHER'S NAME August Brinkman	13b. MOTHER'S MAIDEN NAME Augusta Mollenbrock	14. NAME OF HUSBAND OR WIFE Goldie (DCSD).	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Arnold Huether, Gerald, Missouri.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of skull; Laceration of the Brain, suffered when he was struck by a bus operated by one, Hector J. Clark at the intersection of 19th and Washington Aves. about 6:45 pm, Sep 1, 1953. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19th and Washington Aves.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION about 6:45 pm, Sep 1, 1953. Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo	21d. (COUNTY)	21e. (STATE)	21f. HOW DID INJURY OCCUR? E8127
21d. TIME OF INJURY Dec 1 53 6:45 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 6:45 p.m., from the causes and on the date stated above. 25	23a. SIGNATURE Patrick J. Taylor, M.D. (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 12.2.53
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 12-2-53	24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	24d. LOCATION (City, town, or county) Gerald, Missouri.	24e. (State)	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe 4700 Washington.
DATE REC'D BY LOCAL DEC 2 1953	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS

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
Signature of Student Embalmer

Signed *Edward R. Remelma*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.