

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44112

State File No. ....

FILED DEC 17 1953

11687

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11687</u>	
1. PLACE OF DEATH a. COUNTY <u>—</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LIBORRY</u>		d. STREET ADDRESS (If rural, give location) <u>812 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4225 W. SACRAMENTO</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELIZABETH</u>		b. (Middle) <u>BRINKMANN</u>		c. (Last) <u>BRINKMANN</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>11</u>		(Year) <u>1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APR 17-1870</u>		9. AGE (In years last birthday) <u>83</u>	
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, or if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN LIOESKER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HOEPPER</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN BRINKMANN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Huelmann</u>		ADDRESS <u>ST James Mo.</u>	
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* (a) <u>Endocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial failure</u> DUE TO (c) <u>Arterio-sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>NO</u>		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? <u>4214</u>			
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>53</u> to <u>Dec 10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>53</u> , and that death occurred at <u>4:45 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Halleon O. Moore, M.D.</u>				23b. ADDRESS <u>3625 Fair Ave</u>		23c. DATE SIGNED <u>12/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST LIBORRY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LIBORRY ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>DEC 11 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Kennen</u>		ADDRESS <u>Belleville Ill.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1912

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 \_\_\_\_\_

*not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Geo. Penner*

Licensed Embalmer No. *2314*

P. O. Address *Belleville Ills.*

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.