

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11708
Registrar's No. 10

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 4193		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Hermann		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Hermann		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 03770			
3. NAME OF DECEASED (Type or Print) a. (First) August		b. (Middle) C.		c. (Last) Brinkmann		4. DATE OF DEATH (Month) (Day) (Year) Apr. 9, 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 22, 1876	
9. AGE (In years) 77		10. MONTH (In years) 9		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Wm. Brinkmann		13b. MOTHER'S MAIDEN NAME Augusta Fischer		14. NAME OF HUSBAND OR WIFE Dora Brinkmann			
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 Mrs. Dora Brinkmann Hermann, Mo.			
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) Symptoms: ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL INFARCTION DUE TO (c) (Found dead in bed at home) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither		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 9-1954 to 10-1954, that I last saw the deceased alive on 19, and that death occurred at 2:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) August Brimmer CORONER				23b. ADDRESS Hermann Mo		23c. DATE SIGNED 4/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 12, 1954		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Hermann, Mo.	
DATE REC'D BY LOCAL REG. 4-11-54		REGISTRAR'S SIGNATURE Willma Gerken		FEDERAL DIRECTOR'S SIGNATURE		ADDRESS	


(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 _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. _____

P. O. Address Herma _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.