

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20249**

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

Registrar's No. **4154**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>21 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>ST. LOUIS CHRONIC HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>963 Switzer Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>CHRISTIAN</b> c. (Last) <b>BRINKMEYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 6 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>June 18th, 1867</b>
9. AGE (In years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>watchman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co., Mo</b>
13a. FATHER'S NAME <b>John Brinkmeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Meyer</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Brinkmeyer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-12-6166</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clara Yordt, 963 Switzer Ave.,</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized arteriosclerosis</b> ANTECEDENT CAUSES DUE TO (b) <b>with cardio-cerebral damage</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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)			
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?		<b>4500</b>	
22. I hereby certify that I attended the deceased from <b>April 16, 1954</b> , to <b>May 6, 1954</b> , that I last saw the deceased alive on <b>May 6, 1954</b> , and that death occurred at <b>3:35 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Palmer Duesing Rowlich M.D.</b>		23b. ADDRESS <b>5800 Arsenal St.</b>	
23c. DATE SIGNED <b>5-7-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>May 10th, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. S. B.</b>		ADDRESS <b>DIEDRICH FUNERAL HOME, 8319 Halls Ferry</b>	

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 *Paul A. Wachter*.....

Licensed Embalmer No. *478*

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.