

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43055

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 63

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| 1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u> | | c. LENGTH OF STAY (in this place) <u>1 Mo. 3 days</u> | c. CITY OR TOWN <u>St. Louis</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ste. Gen. Nursing Home</u> | | f. STREET ADDRESS (If rural, give location) <u>2249 3441 Pennsylvania</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Charles</u> c. (Last) <u>Brinkman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 1954</u> | | |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>2 Nov. 22, 1873</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
|-----------------|---------------------------|---|---|---|---|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Optician</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Optical</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William Brinkman</u> | 13b. MOTHER'S MAIDEN NAME <u>Augusta Fischer</u> | 14. NAME OF HUSBAND OR WIFE <u>FRANCES SELTRICH</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>St. Address ST. Louis Mo. M. Allen Gerstner, 7205 Lindburg</u> |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho Pneumonia</u> | | | <u>1 week</u> |
| | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>4222</u> |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from Dec 1, 1954, to Dec 19, 1954, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 7:00 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Arthur St. Louis M.D.</u> | 23b. ADDRESS <u>Ste. Genevieve Mo</u> | 23c. DATE SIGNED <u>12-19-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Dec 22, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 19, 1954</u> | REGISTRAR'S SIGNATURE <u>W. A. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul ...</u> ADDRESS <u>Madisonville Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

574

JAN 4 1955

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 *J W M Bentley*.....

Licensed Embalmer No. *3653*
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.