

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34611

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8872**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Ladue</b> <b>43</b>	
c. LENGTH OF STAY (in this place)		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 <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>8525 Colonial Lane</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b> b. (Middle) <b>A.</b> c. (Last) <b>Brinkman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 8, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Nov. 6, 1891</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>William F. Brinkman</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Quatman</b>		14. NAME OF HUSBAND OR WIFE <b>None</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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Albert B. Brinkman</b>		ADDRESS <b>8525 Colonial Lane</b>	
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) <b>Pancreatic acute</b> ANTECEDENT CAUSES DUE TO (b) <b>None</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <b>10-7-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>abscess of pancreas</b> <b>587.0</b>	
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?	
22. I hereby certify that I attended the deceased from <b>Sept 10, 1955</b> , to <b>Oct 8, 1955</b> , that I last saw the deceased alive on <b>Oct 8, 1955</b> , and that death occurred at <b>9:40 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John S. Matthew MD</b>		23b. ADDRESS <b>3707 Watson Rd</b>	
23c. DATE SIGNED <b>10-10-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10-11-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REG. <b>OCT 11 1955</b>		ADDRESS <b>4700 Washington Blvd.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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 *Etienne P. Remelux* .....

Licensed Embalmer No. *42* .....

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.