

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 24 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 580 Registrar's No. 783

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Rural Wellston</u>	c. LENGTH OF STAY (in this place) township) <u>8 mos</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>29</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Savoy Court, Delmar and Union</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hazel</u>	b. (Middle) _____	c. (Last) <u>Brinkman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 1, 1898</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR (Months) <u>8</u> Days _____ Hours _____ Min. _____	IF UNDER 1 YEAR (Hours) _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Keokuk, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Fred Brinkman</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Tobin</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Brinkman, brother</u> ADDRESS <u>1501 Locust St. Ge. 1-1700</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Schizophrenic Reaction, Paranoid		Years _____
Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 6-30-1955, to 3-22-1956, that I last saw the deceased alive on 3-21-1956, and that death occurred at 3:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Doctor or title)	23b. ADDRESS <u>7301 St. Charles Rock Rd,</u>	23c. DATE SIGNED <u>3/22/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 24, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Parkers, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-22-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> ADDRESS <u>6125 Delmar Blvd.</u>
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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 *Jos. E. McCulloch*

Licensed Embalmer No. *296*

P. O. Address *6175 De*

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.