

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41059**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY OR TOWN WASHINGTON		c. CITY OR TOWN WASHINGTON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 320 LOCUST	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) BRINKMEYER	c. (Last) BRINKMEYER	4. DATE OF DEATH (Month) (Day) (Year) DEC 19, 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID.	8. DATE OF BIRTH FEB. 10, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10 Days 9	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FLORIST	10b. KIND OF BUSINESS OR INDUSTRY FLOWER SHOP	11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON, MISSOURI.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME AUGUST BRINKMEYER	13b. MOTHER'S MAIDEN NAME WILHEMINA MITTENDORF	14. NAME OF HUSBAND OR WIFE JOSEPHINE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HERBERT MEIER	ADDRESS 1500 E. 8 ST. WASHINGTON
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		10 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. nephritis, diabetes mellitus		40 yrs.
DUE TO (c) Gastric ulcer		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592x	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) (Min.)	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 **Nov 8, 1956**, to **Nov 19, 1956**, that I last saw the deceased alive on **Nov 19, 1956**, and that death occurred at **10:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. Munch	(Degree or title) M.D.	23b. ADDRESS 905 Elm Washington Mo.	23c. DATE SIGNED 12-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 22, 1956	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS & R CEM	24d. LOCATION (City, town, or county) (State) WASHINGTON MO.
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DATE REC'D BY LOCAL REG. 12/21/56	REGISTRAR'S SIGNATURE F.P. Heidmann	25 FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto	ADDRESS Washington Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 none..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry W. Otto.....

Licensed Embalmer No. 3560

P. O. Address Washington

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.