

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008258  
Stat. No.

FILED MAR 12 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 666

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>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <b>ROCK HILL</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LADUE 4000</b>	
c. LENGTH OF STAY (in this place) <b>7 MONTH</b>		d. STREET ADDRESS (If rural, give location) <b>32 WOODCREST DR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROCK HILL REST HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b> b. (Middle) <b>BRINKER</b> c. (Last) <b>BRINKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 4 1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 27, 1871</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CZECHOSLOVAKIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>JOSEPH PRISLER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>FRED BRINKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>WILLIAM BRINKER 32 WOODCREST DR</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>- 30 min</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Acute Aneurysm of Basilar Artery</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Carcinoma metastases</b>			
		DUE TO (c) <b>from Adeno Carcinoma of Common Duct</b>			<b>?</b>
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arterio sclerosis</b>			

19a. DATE OF OPERATION <b>2/4/58</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adeno Carcinoma of Common Duct &amp; generalized Metastases</b>			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) <b>15511</b>	
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 1/17, 1958, to 3/4, 1958, that I last saw the deceased alive on 3/1, 1958, and that death occurred at 100 P. M., from the causes and on the date stated above.

23a. SIGNATURE <b>Beed Davis MD</b> (Degree or title) <b>D</b>		23b. ADDRESS <b>3720 Washington St. St. Louis</b>		23c. DATE SIGNED <b>3/5/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/6/58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	
		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY MO</b>			

DATE REC'D BY LOCAL REG. <b>3-5-58</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Danke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STOCK MORTUARY CLAYTON 5</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

