Health, & Welfare Public Service

SP 8

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017754
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 146

S. 300
1-57

362 0

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital — Length of stay in 1b 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Washington 0362 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5th & Elm — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Julius Middle Henry Last Brinker

4. DATE OF DEATH Month May Day 7, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH August 2, 1872
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 9 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Washington, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Peter Brinker
13b. MOTHER'S MAIDEN NAME Catherine Koehring
14. NAME OF HUSBAND OR WIFE Mathilda Holtmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Mrs. Agnes Terschluse — Address 1255 S. Jefferson Washington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fracture neck of left femur — 10 days
DUE TO (c) accidental fall 9030 20
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pt fell on sidewalk. Difficulty in walking past 4 yrs.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4/10/58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Boarding House
20f. CITY, TOWN, OR LOCATION Washington COUNTY Franklin 036 STATE Mo.

21. I attended the deceased from April 30, 1958, to May 9 and last saw her/him alive on May 8, 1958
Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L O Muench M.D. 0
22b. ADDRESS 305 Elm Washington Mo.
22c. DATE SIGNED 5/9/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 10, 1958
23c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery
23d. LOCATION (City, town, or county) (State) Washington, Mo.

24. FUNERAL DIRECTOR ADDRESS Nieburg & Vitt Inc. Washington, Mo.
25. DATE RECD. BY LOCAL REG. 5/9/58
26. REGISTRAR'S SIGNATURE F C Hudmann by F C Hudmann Jr

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Jerome F. Swoboda

Licensed Embalmer No. 4507

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.