

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010744

STATE FILE NUMBER
2593

8
FILED APR 7 1959

Registration District No. Primary Registration District No. Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Olivette Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital | | Length of stay in lb 13 Days | d. STREET ADDRESS (If outside, give location) # 3 Price Court Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Harold Middle Tobin Last Brinkman | | | 4. DATE OF DEATH Month March Day 12 Year 1959 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 1, 1898 | 9. AGE (In years birthday) 60 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Correspondent | 10b. KIND OF BUSINESS OR INDUSTRY Gen-Amer Ins. Co | 11. BIRTHPLACE (City and state or country) Keokuk, Iowa | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Fred H. Brinkman | 13b. MOTHER'S MAIDEN NAME Anna C. Tobin | 14. NAME OF HUSBAND OR WIFE Melba Leroy Brinkman |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 497-01-0558 | 17. INFORMANT Address Melba Leroy Brinkman # 3 Price Court |
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| 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 Embolus - Thrombus from right leg. | | INTERVAL BETWEEN ONSET AND DEATH 15 minutes |
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Primary Atypical Pneumonia - 10 days

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1 |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from 2-27-59 to _____ and last saw him alive on 3-11-59 Death occurred at 3-12-59 8:35A m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | 22b. ADDRESS 35 N Central, Colesburg Mo | 22c. DATE SIGNED 3-12-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/16/59 | 23c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| 24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Bly | ADDRESS | 25. DATE RECD. BY LOCAL REG. MAR 13 '59 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. John S. Skinner
35 No. Central
Pa. 6-0683
2 to 6 P.M.

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. *2460*

P. O. Address *E. 175 St.*

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.