URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028154

FILED VS. JUL 18 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6249 STATE FILE NUMBER

ENDED

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 — Length of stay in 1b 27 days

c. CITY OR TOWN ~~St. Louis~~ 4180 — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Children's Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 87 Bellerive Acres — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Gerald Last Brinkman

4. DATE OF DEATH Month 6 Day 17 Year 60

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH 3-2-60

9. AGE (last birthday) — IF UNDER 1 YEAR Months 3 Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Harry Brinkman

13b. MOTHER'S MAIDEN NAME Dorothy Struckhoff

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------

16. SOCIAL SECURITY NO. None

17. INFORMANT Luan Lehr, Address 500 S. Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac arrest - post-operative (bibbon - Mayo)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic myocardial failure

DUE TO (c) Congenital heart disease - A.V. septal defect

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7542

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-21-60, to 6-17-60 and last saw ~~her~~ him slive on 6-17-60

Death occurred at 2:30p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frederick A. Peterson, M.D.

22b. ADDRESS 500 S. Kingshighway

22c. DATE SIGNED 6-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 6-20-60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St Louis, Mo.

24. FUNERAL DIRECTOR John Stygar & Son — ADDRESS 5541 Riverview

25. DATE RECD. BY LOCAL REG. JUN 20 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J M Rester

Signature of Student Embalmer

Licensed Embalmer No. 39 PU

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.