MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-048201

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11890 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
24007,3	W		
3			
4	1		
5	1		
6			
7	0		
8	2		
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10			
11			
12	58-0		
13			

58

BY AFFIDAVIT OF DOCUMENT

FILED DEC 21 1962

1. PLACE OF DEATH a. COUNTY —

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN: Webster Groves Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 1207 So. Berry Rd. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Noda Middle Jane Last Brinkman

4. DATE OF DEATH: Month Dec. Day 10 Year 1962

5. SEX: F. 6. COLOR OR RACE: W. 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH: 3/24/82 9. AGE (last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country): Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: unknown 13b. MOTHER'S MAIDEN NAME: unknown 14. NAME OF HUSBAND OR WIFE: Wm. C. Brinkman

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: Wm. C. Brinkman, Address: 1207 So. Berry Rd.

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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

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

DUE TO (b): Arteriosclerosis — years

DUE TO (c): 420.0

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

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 May, 1943, to Dec. 10, 1962 and last saw her/him alive on 12-10-62

Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ellsworth Allestrup MD

22b. ADDRESS: 8540 Big Bend 22c. DATE SIGNED: 12-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal 23b. DATE: 12/13/62 23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery 23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich, Webster Groves, Mo. 25. DATE RECD. BY LOCAL REG.: DEC 12 1962 26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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 Leslie Walsh

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo.

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.