

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15163
14896

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3531- Giles Ave)

File No.
Registered No. 4003
St. Ward)

2. FULL NAME

(a) Residence. No. 3531- Giles Ave St. 16 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabell Vinkemeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 2 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Dunk loaf Co
(c) Name of employer New Haven

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

PARENTS

10. NAME OF FATHER Mr Vinkemeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Maria Buchter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Isabell Vinkemeyer
(Address) 3531- Giles Ave

15. APP FILED APR 14 1928 W. C. Starnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 2nd, 1928, to April 12, 1928 that I last saw h. alive on April 12, 1928, and that death occurred, on the date stated above, at 3:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchopneumonia following Jaundice

CONTRIBUTORY (SECONDARY) HW

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. K. Thompson, M. D.

April 13, 1928 (Address) 3960 S Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St Marcus DATE OF BURIAL Apr 14 1928

20. UNDERTAKER Wacker Holdorfs ADDRESS 2331 S Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

