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

Do not use this space.

24106

1. PLACE OF DEATH

County St. Louis — Registration District No. 784

Township St. Ferdinand — Primary Registration District No. 6030

City ..... (No. Graham Road, (Kinlcoh MO. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Elmer N. Dinkelmann,

(a) Residence. No. Graham Road, ... St., ... 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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 19, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	34	7	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John F. Dinkelmann

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

12. MAIDEN NAME OF MOTHER Anna Nichols

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East St. Louis
(STATE OR COUNTRY) Illinois.

14. INFORMANT Fred Dinkelmann
(Address)

15. FILED 8/10, 1930 Dr. Carl J. Koontz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/15, 1930, to 7/22, 1930 that I last saw him alive on 7/22, 1930, and that death occurred, on the date stated above, at 10:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82 H

75 B

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) alcoholism

..... (duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C O Hughes, M. D.

, 19 (Address) Ferguson Mo.

*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 — DATE OF BURIAL July 26 1930

20. UNDERTAKER Geo L. Pleitsch — ADDRESS 5966 Easton

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.

[illegible]