

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

Do not use this space.

38876

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Jefferson Barracks, Mo.

Registration District No. 1123
Primary Registration District No. 648 B
21. J. Vet Hospital #92

File No. _____
Registered No. 408 Ward _____

2. FULL NAME George Rinkle

(a) Residence, No. 1527-A Olive St., St. Louis, Mo. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs no mos. wn ds. How long in U. S., if of foreign birth? U yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10, 1856</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>6</u>
		DAYS
		<u>26</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.	<u>Carpenter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Unavailable.</u>
	10. Date deceased last worked at this occupation (month and year).....	<u>Unavailable</u>
	11. Total time (years) spent in this occupation.....	

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

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY)

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY)

17. INFORMANT C. H. Smith, M.D., Clinical Director
(ADDRESS) U.S.V. Hospital, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE Nov 7 1931

19. UNDERTAKER C. Hoffmeister 2172
(ADDRESS) 7814 So. Broadway

20. FILED 11/7 - 1931 L. C. Ostrick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1931, 1931, to Nov. 6, 1931, 1931.

I last saw him alive on Nov. 5, 1931, 1931. Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical. Was there an autopsy? NO
X-ray and Laboratory Findings

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. C. [Signature] Medical Officer, M.D.
in Charge, U.S. Veterans Hospital,
(Address) Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 26 1931

