

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.

DECD MAR 13 1939

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

4567
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4124 Beethoven** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1260**

2. PRINT FULL NAME

Karl Rinke
(a) Residence, No. **4124 Beethoven** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Marie Rinke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 17, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 10 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

FATHER
13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER
15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Marie Rinke**
(ADDRESS) **4124 Beethoven**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter Paul Feb. 10, 1939**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. DATE OF DEATH **FEB 8 1939**
J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 8, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **August 1, 1936** to **Feb. 8, 1939**
I last saw him alive on **Jul. 7, 1939**. Death is said to have occurred on the date stated above, at **2:20 a.m.**

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

Carcinoma of head of pancreas with metastases. Date of onset

Other contributory causes of importance:

chronic cardiac - renal disease

Name of operation **Autopsy performed** Date of **Aug. 10, 1936**

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **no**

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

Accident, suicide, or homicide? **none** Date of injury, 19...

Where did injury occur? **none** (Specify city or town, county, and State)

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

Manner of injury **none**

Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **1**

If so, specify

(Signed) **J. B. Brubaker** M. D.

(Address) **30 S. Side St. St. Louis**

MISSOURI BOARD OF STATE EMBALMERS
CERTIFICATE OF EMBALMING
FILING INSTRUCTIONS

NO. 10-10-10

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,

Frank J. O'Neil Sr.

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank J. O'Neil Sr.

Licensed Embalmer No. *2645*

P. O. Address *St. Louis, 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 this body is not embalmed, above space should be left blank.