

S. No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10104**

FILED APR 7 1948 **318**

Registrar's No. **2971**

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute City Hospital 13
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days) **50 yrs- 5 mos 0 das**

3: (a) PRINT FULL NAME **John Dinkelkamp**

3. (b) If veteran, name war **# 1**

3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Myrtle Dinkelkamp**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **oct. 24, 1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **0**
If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **News Vender**

11. Industry or business _____

12. Name **Henry Dinkelkamp**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Oeding**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. Patchin**

(b) Address **2900 Greer Ave**

17. (a) **Burial** (b) Date thereof **3-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **[Signature]**

(b) Address **2228 St. Louis Ave**

19. (a) **MAR 26 1948** (b) **J. J. Brennan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3613a Grand Blvd**
10 A (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month **March** Day **24**
year **1948** hour _____ minute **30 P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal hemorrhage following gunshot wound of lower right side with gun with a barrel of 100 ft. distance at 2:40-1948**

Other conditions **Remnants of the bomb**
(Include pregnancy within 3 months of death)

Major findings: **Of operations**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **March 24 1948**

(c) Where did injury occur? **Public street**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury **blows**

23. Signature **[Signature]** (M. D. or other) _____
Address **2228 St. Louis Ave** Date signed **3/24/48**

Spillard

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.....

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

Signed *Ernest W. Spillard*

Licensed Embalmer No. *4080*

P. O. Address.....

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, fact should be so stated above.