

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21946

State File No. ....

5275

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>7720.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	<b>2239</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2714 Lemp. Av.</b>		d. STREET ADDRESS (If rural, give location) <b>2714 Lemp. Av.</b>	

3. NAME OF DECEASED (Type or Print) <b>Margaret Etta Rinkel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 14 1950</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow 2</b>	8. DATE OF BIRTH <b>Sept 20 1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 14 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework.</b>		10b. KIND OF BUSINESS* OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Germany 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.G.</b>		

13a. FATHER'S NAME <b>John Heiken</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Koch</b>	14. NAME OF HUSBAND OR WIFE <b>John Rinkel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frieda Rinkel</b>	ADDRESS <b>2714 Lemp Av.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>10 yrs</b> <b>10 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b> <b>Hypertension</b>			<b>10 yrs</b> <b>10 yrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>HTA</b>

22. I hereby certify that I attended the deceased from **June 14, 1950**, to **June 14, 1950**, that I last saw the deceased alive on **June 14, 1950**, and that death occurred at **2:30** p. m. from the causes and on the date stated above.

23a. SIGNATURE <b>J. P. K... M.D.</b>	(Degree or title)	23b. ADDRESS <b>2730 McNAIR AVE</b>	23c. DATE SIGNED <b>June 16 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-17-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Waterloo Cem. Illinois</b>	24d. LOCATION (City, town, or county) (State) <b>Waterloo, Illinois.</b>
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DATE REC'D BY LOCAL REG. <b>JUN. 16 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Will Bros. &amp; Co.</b>	ADDRESS <b>2929 S. Jefferson</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*David Davis*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edgar F. Witt* \_\_\_\_\_

Licensed Embalmer No. *2117* \_\_\_\_\_

P. O. Address *2929 S. Jefferson A* \_\_\_\_\_

**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.