

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1952

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State File No. 40133

Registrar's No. 10507

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 40133		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		4201		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7000-Woodrow Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Dinkelkamp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 31, 1896</u>		
9. AGE (In years last birthday) <u>56</u>		10. UNDER 1 YEAR Months _____		11. UNDER 2 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Groceries</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Theodore Dinkelkamp</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Oeding</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Dinkelkamp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella A. Dinkelkamp 7000-Woodrow Ave.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>3 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <u>none</u> 4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>4-10, 1952</u> , to <u>11-13, 1952</u> , that I last saw the deceased alive on <u>11-13, 1952</u> and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>M. Stalle M.D.</u> (Degree or title)			23b. ADDRESS <u>7124 Natural Bridge</u>		23c. DATE SIGNED <u>11-15-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>		24b. DATE <u>11-17-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fattonville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 15 1952</u>		REGISTRAR'S SIGNATURE <u>J. Calhoun Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barrmann Bros. Inc.</u> ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>				

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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, fact should be so stated above.