

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44793**
11918BIRTH 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 Missouri b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ill. Terminal R.R. Yards		d. STREET ADDRESS (If rural, give location) 7 5937 Lucille Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) T.	c. (Last) Dinkelkamp
4. DATE OF DEATH (Month) (Day) (Year) Dec 24 1952			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Nov 14, 1889
9. AGE (In years last birthday) Months Days 63 11 10	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmann	10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (State or foreign country) St. Louis, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Not Known	13b. MOTHER'S MAIDEN NAME Elizabeth Oeding	14. NAME OF HUSBAND OR WIFE Frieda Dinkelkamp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1	16. SOCIAL SECURITY NO. 492-12-9541	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Dinkelkamp 5937 Lucille	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neurothorax right side 7c of ribs ANTECEDENT CAUSES suffered when diseased fell in some unknown manner while working Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. his rounds as watchman in the vicinity of the Spring street Terminal II. OTHER SIGNIFICANT CONDITIONS as at 12:3 Hadley Dr on Dec 24 1952 exact time unknown	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Mo. 000	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 000	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 24 52 9 m.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9043		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:51 p.m., from the causes and on the date stated above. 21			
22a. SIGNATURE (Degree or title) T. Earl Smith, M.D.		22b. ADDRESS 13005 Clark	22c. DATE SIGNED 12.27.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis, Co MO.
DATE REC'D BY LOCAL REG. DEC 27 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz-Koeller 5967 W. Florissant Ave	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William G. Buchholz

Licensed Embalmer No. 21100

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, fact should be so stated above.