

REC'D MAR 1 1938

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

4667
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. **710 Geyer Ave** Registered No. **1312**
 (e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Henry Ringkamp 525**

(a) Residence, No. **710 Geyer Ave.** St. **23**
 (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 **Elizabeth Ringkamp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July, 15-1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 6 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Claim Agent**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Public Service Co.**
 10. Date deceased last worked at this occupation (month and year) **2/1938** Total time (years) spent in this occupation **21 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Joseph Ringkamp**

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 **Elizabeth Ringkamp**
 (ADDRESS) **710 Geyer Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter-Paul** DATE **Feb. 7th.** 19**38**

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

20. FILED **FEB 5 1938** **J. P. Predeck** Local Registrar.

No attending physician
 MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February, 4-1938**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **3.30 P.M.**
 The principal cause of death and related causes of importance were as follows:

Date of onset
Coronary Occlusion
Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) **Alfred J. Perry**
 _____ (Address) **Deputy Coroner**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

Robert Wheeler

Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2128 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Robert Wheeler

Licensed Embalmer No. 2128

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.)