

FILED DEC 21 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10383**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **7 Days**
(Specify whether years, months or days)
 In this community..... **30 yrs.**

3. (a) PRINT FULL NAME **Henry Mathew Rinkel**
3. (b) If veteran, name war **Nil** **3. (c) Social Security** No. **No**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married,** **3** divorced **Divorced**
6. (b) Name of husband or wife **IDA RINKEL** **6. (c) Age of husband or wife if** **60** years
7. Birth date of deceased **9** **2-8** **1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **13** If less than one day
 hr. min.

9. Birthplace **CARPENTER** **Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

12. Name **George RINKEL**
13. Birthplace **UNK** **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **ELIZABETH FOESTER**
15. Birthplace **UNK** **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **RAYMOND RINKEL**
(b) Address **4669 MARGARETTA**

17. (a) **BURIAL** **(b) Date thereof** **12/15/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK GROVE**

18. (a) Signature of funeral director **Suedmeyer & Sons**

(b) Address **3934 N. 20th St.**

19. (a) **DEC 12 1942** **(b)** **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County.....
 (c) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1112 MADISON**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **12,**
 year **1942** hour **5:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **December**
6, 19**42,** to **December 12,** 19**42;**
 that I last saw him **in** alive on **December 12,** 19**42;**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bilateral hydrocephalus
Hypertrophy of prostate.
 Due to **uremia.**
 Due to **12/12**
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy **as above**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(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) (a) Means of injury
23. Signature **Drew M. Pitener** **(M. P. or other)**
 Address **1515 Lafayette Avenue,** Date signed **12/12/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Alfred J. Boedecker*.....
Licensed Embalmer No. *2663*.....
P. O. Address..... *5934 Alpha*.....

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.