S. No. 2
OM—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40143

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11364

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4029a W. Florissant Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 69
(If outside city or town limits, write "RURAL")

(d) Street No. 4029a W. Florissant Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert John Rinker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Rinker (Engomar)

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September 3, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	3	14	hr. min.

9. Birthplace Bushnell Ill /
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Jacob Rinker 5
13. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Voigt
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Laura Rinker
(b) Address 4029a W. Florissant Ave

17. (a) Removal (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottowa, Illinois

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 19 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1943 hour 2:45 PM minute M.

21. I hereby certify that I attended the deceased from May 26th, 1942, to Dec 17th, 1943;
that I last saw h alive on " " 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to Above

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration
18 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
—
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature R. S. Byrd (M.D. or other)

Address 4901 N. Broadway Date signed 12/18/43

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Burkholz

Licensed Embalmer No. 2110

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.