

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6414-62-024553
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH
a. COUNTY FILED JUL 6 1962

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Length of stay in 1b _____

c. CITY OR TOWN St. Louis, Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3952 Delor St. Inside Limits Yes No

d. STREET ADDRESS 3952 Delor St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Edward J. Dinkel

4. DATE OF DEATH Month Day Year
June 27, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 10/11/1904 9. AGE (last birthday) 57

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and state or country) St. Louis, Missouri.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John B. Dinkel 13b. MOTHER'S MAIDEN NAME Katherine Gehrin

14. NAME OF HUSBAND OR WIFE Ivy Dinkel (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. _____

17. INFORMANT Address Mrs. Anna D. Miles 3952 Delor St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH _____

DUE TO (b) H-S CPR Disease

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Coronitis of Juv

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from 1-12-62 to 6-27-62 and last saw him alive on 6-26-62

Death occurred at 7:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Charles A. Dester M.D. 22b. ADDRESS 3654 S Grand 22c. DATE SIGNED 6-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE June 30, 1962 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18, Mo. 25. DATE RECD. BY LOCAL REG. JUN 28 1962 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 _____
Signature of Student Embalmer

Signed Van M. Seymour

Licensed Embalmer No. 4343

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.