MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-033123
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2422

FILED SEP 4 1962

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES, MO.
Length of stay in 1b: 51 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Hosp. and Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 581 Stratford
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First GEORGE Middle PETER Last DINKEL

4. DATE OF DEATH Month 8 Day 20 Year 62

5. SEX M

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-31-1875

9. AGE (last birthday) 87

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Printing

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

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

13a. FATHER'S NAME John Dinkel

13b. MOTHER'S MAIDEN NAME Anna Vahle

14. NAME OF HUSBAND OR WIFE never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT Florence Voelker, 581 Stratford U.C. Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH 6-8 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 6-30-62 to 8-20-62 and last saw him alive on 8-16-62
Death occurred at 8-20-62 12:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) M.D.

22b. ADDRESS 1300 Grand Rd. St. Louis 19, Mo.

22c. DATE SIGNED 8-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 8-22-1962

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory

23d. LOCATION (City, town, or county) (State) St. Louis County Missouri

24. FUNERAL DIRECTOR Lupton Chapel Inc. ADDRESS 7233 Delmar Blv'd.

25. DATE REC'D. BY LOCAL REG. 8-20-62

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4007		
2	4006		
3	2		
4	0		
5	0		
6			
7	0		
8	0		
9	151X		
10			
11			
12	40-0		
13			

BY AFFIDAVIT OF DOCUMENT

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.