

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

Do not use this space.

16678

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. Mo. Baptist Hospital)

File No.....  
 Registered No. 4793 St. \_\_\_\_\_ Ward)

**2. FULL NAME** Henry Hugo Rinke

(a) Residence. No. \_\_\_\_\_ St., 12 Ward. Bonne Terre Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? 49 yrs. mos. ds.

**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 Mattie Rinke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1/1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	69	3	21	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Chris Rinke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Winkelman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mattie Rinke  
 (Address) Bonne Terre Mo

15. APR 26 1929 Filed \_\_\_\_\_ 19. \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1929, to April 22 1929, that I last saw him alive on Apr 22 1929, and that death occurred, on the date stated above, at 2:50 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Central embolism  
1897  
Do not raise (duration) yrs. mos. da.  
 CONTRIBUTORY Prostatic hypertrophy  
 (SECONDARY)  
Do not raise (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Do not know  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr. 17-1929

19. WHAT TEST CONFIRMED DIAGNOSIS? Urinal exam  
Cholesterol crystals, M. D.  
 (Address) Mo. Beck

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL -Bona- Farmington Mo. DATE OF BURIAL 4/26 1929

20. UNDERTAKER Pete Benahan ADDRESS Bonne Terre Mo

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

10  
10  
10

