

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1944
MAY 7 1944

2 copies
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15735

Registration District No. 317

Primary Registration District No. 3063

State File No. _____

Registrar's No. 1008

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: Enroute St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ life _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4728 Tieman Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Theodore Dinkins

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-03-1196

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Anna Sneed Dinkins

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January 20 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Desloge Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Kroger Grocery Co.

12. Name John T. Dinkins

13. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Billie Larkins

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Dinkins

(b) Address 4728 Tieman Ave.

17. (a) Burial (b) Date thereof May 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAY 1 - 1944 (b) C. Wm. Lawrence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Nov. 5 - 1944
to 4-28-1944
that I last saw him alive on 4-18-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gen. Cardiac Decompensation

Due to chronic nephritis

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. W. Pappis (M. D. _____)

Address 3505 N. Grand Date signed 4/29/44

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

MOTHER FATHER

767

MAY 8 1944

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..... *E. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *7027 Gravois*.....

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.