

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

15397

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City St. Louis (No.) St. Ward

2. FULL NAME

Stephen Finke
 (a) Residence. No. 2219 Beck St., Ward..... (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
81 — — —

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

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

10. NAME OF FATHER Joseph B. Finke

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

12. MAIDEN NAME OF MOTHER Clara Bitemeyer

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

14. INFORMANT Sister Maria
 (Address) 2209 Beck St.

15. FILED 1st July 21
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30th 1921

17. I HEREBY CERTIFY That I attended deceased from 6/16, 1921, to 6/30, 1921
 (that I last saw him... alive on 6/29, 1921, and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
 (duration) ? yrs. mos. ds.
 CONTRIBUTORY Arterio Sclerosis
 (SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. Hensler, M. D.
7/1, 1921 (Address) 2512 North 4th St

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 7-2 1921

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Washot

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.

