

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

Do not use this space.

23106

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No. *1003*)

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **6560**  
St..... Ward)

**2. FULL NAME**

(a) Residence. No. *5-681 Waterman* **5** Ward.  
(Usual place of abode)

(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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*wife the*) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Annie Finkel*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 1, 1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*51 2 12*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. *Restaurateur*  
(b) General nature of industry, business, or establishment in which employed (or employer). *246*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Volhynia Russia*

10. NAME OF FATHER *Louis Finkel*

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

12. MAIDEN NAME OF MOTHER *Uyk*

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

14. INFORMANT *Laurence Finkel* (Address) *57681 Waterman*

15. FILED JUN 14 1931 *Walter C. Stankoff* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 13 1931*

17. I HEREBY CERTIFY, That I attended deceased from *4-22*, 19*31* to *6-13*, 19*31*, that I last saw him alive on *6-13*, 19*31*, and that death occurred, on the date stated above, at *12:15 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic ulcerative T.B. Tuberculosis of the Lungs*  
(duration) *3* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Diabetes Mellitus*  
(duration) *23* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *59*

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *laboratory*  
(Signed) *Philip Schuck*, M. D.  
*6-13, 1931* (Address) *11703 Grand*

\*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 DATE OF BURIAL  
*Unseal Shel Emeth June 14 1931*

20. UNDERTAKER *H. B. Berger* ADDRESS *4915 McChesney*

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.

