WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2887

Township ..... Primary Registration District No. 1003 Registered No. 593

City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Harry Finkenkeller

(a) Residence, No. 3858a Ashland St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 21-1906

7. AGE: YEARS 25 MONTHS 8 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatter 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harris Polk Hat Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 11

FATHER

13. NAME John Finkenkeller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Margaret McKie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Walter A. Vahle 3858a Ashland

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters DATE Jan 21 1932

19. UNDERTAKER (ADDRESS) Astron L & Ab. Co 2707 N Grand

20. FILED JAN 19 1932 19 Max C. Starkey Registrar. 1/19/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis following obstruction of intestine due to Post-Operative Adhesions	
Other contributory causes of importance: Due to Operation for Gunshot Wound 6 months ago	174
Accident	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 6 Mo ago, 1932

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. St Louis Mo

Manner of injury Shot with Revolver

Nature of injury Gun Shot Wound Abdomen

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Reeves, M.D.

(Address) Deputy Coroner