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

JUL 12 1935

791
1003

Do not use this space.

21407

File No.
Registered No. 5346

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis Mo (No. 5800 Arsenal St. Ward)

2. FULL NAME John Finkeldey

(a) Residence, No. 5800 Arsenal St., 13 Ward.
(Usual place of abode) City Infirmary (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 70 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) January 23 1859

7. AGE: Years 76 | Months 4 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscape Gardener
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Finkeldey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Emma Schmalz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm. Windsheimer 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Neu Pschera DATE June 21 1935

19. UNDERTAKER Roy Leidner Undt Co
(ADDRESS) 1417 Montgomery

20. FILED JUN 21 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/4/, 1932, to 6-19-, 1935
I last saw h.... alive on June 19, 1935 Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, 6/17/35
Cerebral Thrombosis 1932

Other contributory causes of importance:
Senility.

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Marvin T. Haw, Jr. M. D.
(Address) 5600 Arsenal St.