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.

MAR 25 1936

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

Do not use this space.

7556

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 60388 — Registered No. 54
City Clayton (No. St Louis Co Hospital St. Ward)

2. FULL NAME Katherine Fink
(a) Residence, No. Lindbergh & Warson 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 Female
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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1890
7. AGE YEARS 46 MONTHS — DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.
10. Date deceased last worked at this occupation (month and year) 1/26/36
11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Mo

FATHER
13. NAME David Fink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Mo

MOTHER
15. MAIDEN NAME Emma Deuser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Mo

17. INFORMANT (ADDRESS) Martha Fink Clayton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Evan. St Pauls DATE 2/5/36
19. UNDERTAKER (ADDRESS) Baumann Bros Overland
20. FILED 2/6, 1936 Dr A J Sigwalli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Feb 4, 1936
I last saw her alive on 2-4, 1936 Death is said to have occurred on the date stated above, at 11 40 AM m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

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Other contributory causes of importance:

Labor Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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? .....
If so, specify L F Allison
(Signed) St Louis County Hosp. M. D.
(Address) Clayton Mo