

APR 11 1936

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**

12790

Township.....

Primary Registration District No. **1003**

File No.

City *St. Louis MO* (No.)

Sanitarium St.

Registered No.

2842

Ward.....

2. FULL NAME *Amelia Finckert*(a) Residence, No. *1512 Montgomery St. 26* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *31* 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) *married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Henry Finckert*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 30, 1856*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *79 8 4 12*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housework*10. Date deceased last worked at this occupation (month and year) *June 1935* 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown unknown*13. NAME *Christopher Dickmeyer*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown Germany*15. MAIDEN NAME *Elizabeth King*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown Germany*17. INFORMANT (ADDRESS) *A. C. Miller, M.D. City Sanitarium*18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Paul Church York* DATE *Mar 16, 1936*19. UNDERTAKER (ADDRESS) *My Leidner Mfg. Co. 1417 N. Market St.*20. **MAR 15 1936** *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 13, 1936*22. I HEREBY CERTIFY, That I attended deceased from *July 1935* to *March 13, 1936*I last saw her alive on *March 13, 1936*. Death is said to have occurred on the date stated above, at *11:23 p.m.*

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

Lymphangitis and infection of lymphatics and infection of blood both of streptococcal origin.

Other contributory causes of importance:

*Senility Arteriosclerosis*Name of operation *none* Date of.....What test confirmed diagnosis?..... 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 *none*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *A. C. Miller*, M. D.(Address) *City Sanitarium*

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.

