

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.

OCT 5 1936

35918

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **791**
City **St. Louis** (No. **1203 Emmet St.** **1008**)

File No.
Registered No. **9571**
St. Ward

2. FULL NAME **Lizzie Finck**

(a) Residence, No. **1203 Emmet** St., **23** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 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) **Oct. 14, 1855**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
80 11 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data 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) **Missouri**

FATHER 13. NAME **John Finck**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT **John Finck** (ADDRESS) **3866 McDonald**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker** DATE **(9/21/36)** 19.

19. UNDERTAKER **John L. Ziegenhein & Sons** (ADDRESS) **7027 Gravois Avenue.**

20. FILED **SEP 19 1936** **JF Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 18, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **April 15 1936** to **Sept 18 1936**
I last saw her alive on **Sept 18 1936**. Death is said to have occurred on the date stated above, at **5 A. m.**

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

Chronic Endocarditis 1935
Asplenia
Cerebral Embolism Sept 17/1936

Name of operation Date of
What test confirmed diagnosis? 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
(Signed) **Adam A. Youngman**, M. D.
(Address) **5439 Gravois**

