APR 9 1937

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

Do not use this space.

10217

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5310 Gilson Ave. St. ..... Ward)

File No. .....

Registered No. 2783

2. FULL NAME Julius A. Fink

(a) Residence, No. 5310 Gilson Ave. St., 15 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: Male

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: Charlotte Fink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17th. 1866

7. AGE: YEARS 71 | MONTHS 0 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): St. Louis Mo.

FATHER

13. NAME: John Fink

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

MOTHER

15. MAIDEN NAME: Not-known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Charlotte Fink 5310 Gilson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Mch. 13th. 1937

19. UNDERTAKER (ADDRESS): William Schumacher 3013 Meramec Street

20. FILED MAR 11 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 11th. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to March 10, 1937

I last saw him alive on March 10, 1937 Death is said to have occurred on the date stated above, at 3/25 am

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

Date of onset

Eugene G. Blum 1/26

Other contributory causes of importance:

Chronic Gall Stones

Name of operation none 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) [signature], M. D.

(Address) 4930 Lindell Blvd.

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.

877

3624 [illegible]

[illegible] 0888

PRO 0894 Bdry 5:30-8:30

FAR 2825 4930 Lindell

11-3:30