

APR 9 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH

SUPPLEMENTARY

10701

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. City Infirmarv)

File No.

Registered No. 3275

St. 3275 Ward)

2. FULL NAME Charles Fink.

(a) Residence, No. City Infirmarv, St. 13 Ward.

(Usual place of abode) 5800 Arsenal St. (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 Mael
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) June 19, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1864 73 7 9 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri.
(STATE OR COUNTRY)

13. NAME Christian Fink

14. BIRTHPLACE (CITY OR TOWN) Inknawn
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Rider,

16. BIRTHPLACE (CITY OR TOWN) Inknawn
(STATE OR COUNTRY)17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE 3-19-3719. UNDERTAKER W. Richter
(ADDRESS) 3500 Benton St20. FILE MAR 25 1937
(Address) J. P. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936 to March 16, 1937

I last saw him alive on March 16, 1937 Death is said to have occurred on the date stated above, at 9:30 m. A.M.

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

Acute cardiac accident
Chronic myocarditis
ARTERIOSCLEROSIS, GENERALIZED
Date of onset 9:30Other contributory causes of importance:
Pneumonia
Meningitis

Name of operation..... 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. P. Bredek M. D.

(Address) 5600 Arsenal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

572-1-30-31

