

REC'D MAY 6 1938

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

15836
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784
 (b) Township JEFFERSON Primary Registration District No. 109 Registered No. 730
 (c) City MARLEWOOD (d) Street No. 3157 CHERRY ST. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FLORENCE E. FINK 520

(a) Residence, No. 3157 CHERRY St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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
 (OR) WIFE OF M. G. FINK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-13-1867

7. AGE YEARS 70 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as 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) ST. LOUIS 0
 (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME JOHN BRUCE 4
 14. BIRTHPLACE (CITY OR TOWN) SCOTLAND 4
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ELLEN HOOD 1
 16. BIRTHPLACE (CITY OR TOWN) SCOTLAND
 (STATE OR COUNTRY)

17. INFORMANT M. G. Fink
 (ADDRESS) 3157 Cherry St. Marlewood Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE BELLEFONTAINE DATE APRIL 23, 1938

19. FUNERAL DIRECTOR Baker & Sons Co
 (ADDRESS) Webster

20. FILED 4-22 19 38 J. R. Meyer M. D. Registrar
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17th, 1938, to Apr. 21st, 1938
 I last saw him alive on Apr. 20th, 1938 Death is said to have occurred on the date stated above, at 6:30 Am.

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

Bronchial pneumonia Date of onset Apr. 17/38

Other contributory causes of importance: none

Name of operation Physician Date of -
 What test confirmed diagnosis? Physician 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 E. B. Kinder, M. D.

(Signed) E. B. Kinder, M. D. (Address) 1477 N. Taylor Ave.

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.

STATEMENT BY LICENSED EMBALMER

I, Orvin B. Lang, Licensed Embalmer No. 1581

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Orvin B. Lang

Licensed Embalmer No. 1581

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)