

1939 MAR 13

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

4973
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. Mo. Pacific Hosp. Registered No. 1666
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto Herman FINDER
 (a) Residence, No. 2920 Wisconsin St. 37 St. Louis Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 ANNA FINDER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1890

7. AGE YEARS 48 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. CARMAN Art Co.
 9. Industry or business in which work was done, as saw mill, bank, etc. RAIL ROAD
 10. Date deceased last worked at this occupation (month and year) 1-26-39
 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Herman FINDER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Anna FINDER
2920 Wisconsin Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE 2-22-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Witt Brothers
2929 S. Jefferson Av.

20. FILED FEB 21 1939 J. B. Bidlock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939 to Feb 19, 1939
 I last saw him alive on Feb 19, 1939. Death is said to have occurred on the date stated above, at 6:10 P. M.
 The principal cause of death and related causes of importance were as follows:

Acute Coronary occlusion
Chromocystitis
Enter Meutricular block
Cardiac Hypertrophy

Date of onset

Other contributory causes of importance:
Chromocystitis
Enter Meutricular block
Cardiac Hypertrophy

Name of operation none Date of none
 What test confirmed diagnosis? none 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? no
 If so, specify _____
 (Signed) A. M. Zuel M. D.
 (Address) Mo. Pac. Hospital - St. Louis Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Paul A. Shanklin

, or by

Registered Apprentice No....., working under my personal supervision

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. Jefferson*

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.)

If this body is not embalmed, above space should be left blank.