DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34538

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 9076

NOV 17 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4514 S. Grand Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julius Finninger 552

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Karoline Finninger

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August (Month) 27 (Day) 1869 (Year)

8. AGE: Years 70 Months 1 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Herman Finninger
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown Germany
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature J. Finninger
(b) Address 5247 Nottingham

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Schumacher Bros
(b) Address 3013 Meramec

19. (a) OCT 25 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1939 hour 2.00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1st, 1939, to Oct 22, 1939; that I last saw him alive on Oct 22, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	22 days
Due to: General Arteriosclerosis	3 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): Leg Ulcers	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Julius Rau Kolb (M. D. or other)
Address 4603 Chippewa St Date signed Oct 24-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39

Dr. Julius [illegible]
2603 [illegible]
2 P.M. To 8 P.M.

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, or by George [illegible], Registered Apprentice No. _____, working under my personal supervision.

Signed George [illegible]

Licensed Embalmer No. 2906

P. O. Address 3013 [illegible]

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.