

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 475

Primary Registration District No. 5588

Registrar's No. 1257

NOV 9 1939

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 MONTHS
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town FENTON R. F. D.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FRANK H. FINK 520
 3. (b) If veteran, name war no
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 25, year 1939 hour 11 minute 50 P M.
 21. I hereby certify that I attended the deceased from June 30, 1938, to Oct. 20, 1939, that I last saw her alive on Oct. 20, 1939, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife HELEN VARRELMAN
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Sept 2 1866
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Duration _____

8. AGE: Years 73 Months 1 Days 24
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace ST. LOUIS MISSOURI
 (City, town, or county) (State or foreign country)
 10. Usual occupation Salesman
 11. Industry or business Reed
 MOTHER FATHER
 12. Name JACOB FINK
 13. Birthplace unknown GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY OBERT
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (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? _____
 Means of injury _____

16. (a) Informant's own signature ST. JOSEPH'S HILL INFIRMARY
 (b) Address Brother Bonaventura P.S.F.
 17. (a) Burial (b) Date thereof 10/28/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
Spanglin MO PARK HILL CEMETERY
 (Place of burial or cremation)
 18. (a) Signature of funeral director Hannock St. Koch
 (b) Address Fenton Mo
 19. (a) 25 Oct 1939 (b) James A. ...
 (Date received local registrar) (Registrar's signature)

23. Signature Jesse S. Sargent (M. D. or other) _____
 Address Fenton Mo Date signed 10-26

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. E.—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.

PHYSICIAN
Underline the cause to which death should be charged statistically

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.....

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

Signed.....

Licensed Embalmer No. *3047*

P. O. Address..... *Fenton, MO*

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.