

No. 2
-13-40
-17-39
X23150

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10630**

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location) 2 Days.

(d) Length of stay: In hospital or institution 30 y
(Specify whether years, months or days)

In this community 30 y
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Fink

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Fink

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

7. Birth date of deceased May. 5
(Month) (Day) (Year)

8. AGE: 74 Years 7 Months 19 Days
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Florian Fink

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Bawmeister

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Fink

(b) Address 4624 Pennsylvania

17. (a) St, Matthews (b) Date thereof Dec. 27
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fendler Und. Co

18. (a) Signature of funeral director Fendler Und. Co

(b) Address 7420 Michigan

19. (a) DEC 28 1940 (b) J. F. Bredbeck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Mo.

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

(d) Street No. 4624 Pennsylvania Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 15 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24.
year 1940 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from December 22,
19 40 to December 24, 19 40
that I last saw him alive on December 24, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia. Solaris

Due to 108

Due to 108

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: 108

Of operations 108

Of autopsy 108

Duration

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Harold Freedman MD (M. D. or other) 12/26/40
Address 1515 Lafayette Ave. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Robert E. Miller

Licensed Embalmer No. *4148 -*

P. O. Address *St. Louis, 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, fact should be so stated above.