

STANDARD CERTIFICATE OF DEATH

29751

State File No.

FILED OCT 18 1941

Registration District No.

201

Primary Registration District No.

1003

Registrar's No.

7089

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 2 & Yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WELLSTON (If outside city or town limits, write "RURAL")
(d) Street No. 1568 ERVING (If rural, give location)
(e) Citizen of foreign country? IN U.S. 34 YRS. (Yes or No)
If yes, name country _____

3. (a) PRINT FINFERD, EDWARD
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. (1) 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife ANNA BALKAU 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased DEC 12 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business Leschen Wire Rope Co.

12. Name John Finferd.

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

14. Maiden name SUSAN 15. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

16. (a) Informant Anna Finferd

(b) Address 1568 Erving, Wellston

17. (a) SEPT. 2 BURIAL (b) Date thereof SEPT. 2 1941 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Beiderwieser Funeral Home

(b) Address 726 St. Louis Ave.

19. SEP 2 1941 (Date received by Registrar) (b) J. Prudek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 30 year 1941 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1:55 P.M. 8/30/41 to 11:50 P.M. 8/30/41, and that death occurred on the date and hour stated above.

that I last saw him alive on AUGUST 30, 1941
Immediate cause of death Cardiac failure Duration _____

Due to Arteriosclerotic heart disease

Due to Generalized arteriosclerosis

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

Major findings: Of operations _____

Of autopsy None performed

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) _____
(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 J.P. Bradley (M. D. or other) _____

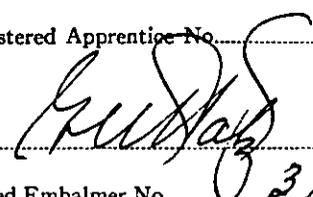
Address BARNES HOSPITAL Date signed _____

NOV 29 1944

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.....

P. O. Address.....

3737
1936 St. Louis Ave

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.