

Registration District No. **784**

Primary Registration District No. **107**

Registrar's No. **2109**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **LADUE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1911 N. Lay Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **LADUE**
(If outside city or town limits, write "RURAL")
(d) Street No. **911 N. Lay Road**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Margaret Finke**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Late John Finke** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 17th 1855**
(Month) (Day) (Year)

8. AGE: Years **86** Months **3** Days **28**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Gabriel**

13. Birthplace **Bavaria Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Zimmerman**

15. Birthplace **Bavaria Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank Curotto**

(b) Address **911 N. Lay Road**

17. (a) **Burial** (b) Date thereof **10-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway Blyd.**

19. (a) **DEC 16 1941** (b) **H. McDevon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15th**
year **1941** hour **2:28** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **July 6 1940** to **Oct 15 1941**;
that I last saw **her** alive on **Oct 15 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **acute left branch block + senility**

Due to _____

Due to **12782**

Other conditions **Jaundice + Distal Hemorrhage**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

Duration

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 **None**

(c) Where did injury occur? **no** (City or town) (County) (State)

(d) Did injury occur in or about home, farm, in industrial place, in public place?

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

23. Signature **Lucy M. Kelly** (M. D. or other) **no**

Address **6125 Barbara Ave** Date signed **10/16/41**

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

96
12
1

96
12
1

DEC 16 1941

70

DR. FIERCE REILLY
Bartmer and Hoddiamont 10-11-41

Miss Bartmer 7-5-11 & 2-4

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 *Reinhold A. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.