

FILED OCT 28 1941

Registration District No. 287 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
2459 Oakland  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Fred Fink

(b) If veteran, name war no

(c) Social Security No. no

4. Sex M 5. Color or race W

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

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

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

7. Birth date of deceased Sept. 5, 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

12. Name Fred Fink

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

14. Maiden name Unknown

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

16. (a) Informant Fred Fink

(b) Address 3255 Walter Ave

17. (a) Burial (b) Date thereof 10-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) OCT 9 - 1941 (b) C. G. McLaughlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 2459 Oakland  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1941 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 1940 to Oct 8, 1941 that I last saw him alive on Oct 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pericarditis Duration 1 year

Due to chronic nephritis Duration 1 year

Due to B/K

Other conditions (Include pregnancy within 3 months of death)

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)

(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 J. A. Schumacher (M. D. or other) 0  
Address 88 N. Archdale Rd Date signed Oct 9 - 41

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

96  
13  
1

96  
13  
1

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

*H. E. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.**