FILED APR 2 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11328

Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 548
(b) Township or City South River — Primary Registration District No. 5741 — Registered No. 65
(c) City 1 — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 73 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

064
0
0

2. PRINT FULL NAME Louise Marie Fink
(a) Residence, No. Marion County St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benj. F. Fink
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 1866
7. AGE Years 75 Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland, Ohio

FATHER
13. NAME John F. Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Marie E. Woehrima
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) F. F. W. Fink Hannibal, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE West Ely, Mo. DATE 2/28/42, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Bros Palmyra, Mo.
20. FILED 3/5 1942 Robt. W. Connor Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1942
22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1942 to Feb. 25, 1942
I last saw her alive on 2-25, 1942. Death is said to have occurred on the date stated above, at 9:25 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sclerosis Arterial

Date of onset 2-20-42

Other contributory causes of importance: 83a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. G. Roselle, M. D.
(Address) Palmyra Mo.

11416 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

I X16605

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. 2382

P. O. Address Palmyra - 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.