

LED NOV 23 1942 318

State File No. 1003
Registrar's No. 9584

Registration District No. 1003 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie 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 Married
6. (b) Name of husband or wife Henry Finke
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan. 31st 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 15
If less than one day .hr. .min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Sieckmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Finke
(b) Address 4551a Arco Ave.

17. (a) Burial (b) Date thereof 11-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 17 1942 (b) J.F. Biedek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4551a Arco Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1942 hour 3:30 minute P.M. M.

21. I hereby certify that I attended the deceased, from Sept - 10 1942 to Nov - 15 1942; that I last saw her alive on Nov - 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Left gland Duration 2 yrs.
Enlarged glands

Due to 55

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Carcinoma
Of operations Left gland
Enlarged glands
Of autopsy same
Police involvement

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?

23. Signature Shepherd Street (Specify type of place) (M. D. or other) 45 D
Address 508 N. Grand Date signed 11/17/42

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

Mr J Smith
Metrop. Bldg
1-3

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 *Lucius D. McNamee*

Licensed Embalmer No. *3024*

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.