V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41905

Registrar's District No. 384 FILED JAN 15 1943

Primary Registration District No. 121

Registrar's No. 2615

96 2 3

**1. PLACE OF DEATH**

(a) County: St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 hours (Specify whether years, months or days)

In this community: Birth

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Florissant
(If outside city or town limits, write "RURAL") 0

(d) Street No.: #6 Spring Drive.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: Charles John Finkelday

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Dorothy Jane

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

7. Birth date of deceased: March (Month) 7 (Day) 1914 (Year)

8. ACE: Years 28 | Months 9 | Days 4 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Lineman

11. Industry or business: Union Electric

FATHER
12. Name: Louis J. Finkelday
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Henrietta Olsen
15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. Ethel Gish

(b) Address: 2423 McLaren, Jennings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address: 2161 East Fair Ave.

19. (a) DEC 13 1942 (Date received local registrar) (b) C. S. McGlynn (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 11 year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Gun-shot wound of head while suffering from a nervous disorder. | |
| Due to: Bullet wound of left temporal to right parietal region of | |
| Due to: brain with extensive hemorrhage. | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: 16 4e

Of autopsy: Yes.

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): Suicide.

(b) Date of occurrence: Dec. 11, 1942

(c) Where did injury occur? Florissant, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home. (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: Louis H. Popp (M. D. or other)

Address: Kirkwood, Mo. 12/12/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1943

## 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 Francis C Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis, 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, fact should be so stated above.**