

FILED MAR 13 1943
St. Louis

Registration District No. 47

Primary Registration District No. 3016

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
723 Clark Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Mr. William B. Fink

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katherine Fink 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER

12. Name Andrew Fink

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany 9
(City, town, or county) (State or foreign country)

16. (a) Informant Monroe W Fink

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Wm J Gordon

(b) Address Jefferson City, Missouri

19. (a) 2-10-43 (b) Thelma Ritter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 723 Clark Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11 P.M.
year 43 hour 8 minute 30

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

Immediate cause of death

Coronary artery disease

Duration

1 day

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

94a

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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature David L. Carter M.D. (M. D. or other)
Address Jefferson City, Mo Date signed 2/10/43

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

26
54

#2

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.....

Louis Twest

Licensed Embalmer No. *41096*

P. O. Address *Jefferson City*

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.