

7. S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36671

FILED MAY 20 1944

Registration District No. 517

Primary Registration District No. 4467

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Rural Route #1 Box 165 B /  
(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)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Valley Park, Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #1 Box 165 B  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theodore Michael Fink

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 30 1940  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
4	0	12	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Theodore Fink

13. Birthplace St. Louis County  
(City, town, or county) (State or foreign country)

14. Maiden name Irene Kruegel

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

16. (a) Informant Theodore Fink

(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof 5-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation at home

18. (a) Signature of funeral director Louis N. Boyce

(b) Address St. Louis, MO

19. (a) MAY 16 1944 (b) E. D. Mc Gowan, M.D.  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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 Complete destruction of the body by burning, due to explosion and fire at the home  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) Accident

(b) Date of occurrence 5/12/44

(c) Where did injury occur? Home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury Conflagration

23. Signature H. S. Boyce (M. D. or other) M.D.  
 Address Clayton, Mo Date signed 5/13/44

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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.....

*No Embalming*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**