

FILED NOV 22 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9691**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3114 Potomac St.
(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 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3114 Potomac
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Louis H. 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, Widowed
 6. (b) Name of husband or wife Theresa Fink 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 13, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Plumbing Contractor

11. Industry or business Plumbing

12. Name Louis J. Fink
 13. Birthplace Union, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Jennie Floehm
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis J. Fink
 (b) Address 5145 N. Illinois, Indianapolis

17. (a) Burial Our Redeemer Luth. Cem. (b) Date thereof Nov. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
 (b) Address 1936 St. Louis Avenue

19. (a) NOV 15 1944 (b) J. F. Bredes
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
 year 44 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from July 1944 to Nov 7, 1944
 that I last saw h.i.m. alive on 11-13-44 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary infarction? Duration 5 days
 Due to Chr. cor pulmonale ?
 Due to Emphysema ?
 Other conditions Arteriosclerotic history
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: ///
 Of operations _____
 Of autopsy _____
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)
 Means of injury 0

23. Signature Julian J. Burke (M. D. or other) MD
 Address 3115 S. Grand Date signed 11-14-44

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

MOTHER FATHER

Dr. F. G. Hurler
Dickman Bldg.
3115 S. Grand 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 Julius J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.