S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 3197

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3376

Registrar's No. 2818

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 1/13/45 (Specify whether
In this community 15 yrs 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town E. St Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 647 Collinsville Ave., (If rural, give location) 0

(e) Citizen of foreign country? no 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FINK, Edward C.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 355-01-2672

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased November 23, 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	1	23	hr. ___ min.

9. Birthplace Jeffriesburg, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Odd Jobs

11. Industry or business —

FATHER
12. Name Jake Fink
13. Birthplace not shown 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clary Harms
15. Birthplace not shown 0 (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records

(b) Address VAF-Jefferson Barracks, Mo.

17. (a) East St. Louis Ill. (Burial, cremation, or removal) (b) Date thereof 1-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director H W Niedfeld

(b) Address East St. Louis, Ill.

19. (a) 1/18/45 (Date received local registrar) (b) E. G. McLaurin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1945 hour 6:43 minute P. M.

21. I hereby certify that I attended the deceased from January 13, 1945 to January 16, 1945 that I last saw him alive on January 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death RHEUMATIC AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC HYPERTROPHY, VALVULAR DAMAGE AND MYOCARDIAL INSUFFICIENCY — Duration: Unk.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy None

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) No

(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? (Specify type of place)

While at work? (e) Means of injury

Signature W. A. GERMAN, M.D. (M. D. or other)

Manager

Address VAF-Jeff Brks., Mo. Date signed 1/17/45

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. ~~[illegible]~~, working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2426 — Ill.

P. O. Address East St. Louis Ill.

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.