

FILED OCT 31 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 2002

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 8524 Elmwood Ave 1  
(If out in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8524 Elmwood Ave 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joh. R. D. FINK.

3. (b) If veteran name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race A. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Elizabeth Fink 6. (c) Age of husband or wife if alive 56  
7. Birth date of deceased March 6 1887  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Chauffeur

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

MOTHER FATHER { 12. Name David Fink  
13. Birthplace St. Louis Co. MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Jensen  
15. Birthplace St. Louis Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Fink

(b) Address 8524 Elmwood Ave

17. (a) Burial (b) Date thereof Oct. 7 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Louis H. Boffino

(b) Address DuSable MO

19. (a) 10-2-45 (b) C. J. M. Bowen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1945 to Sept 1945  
that I last saw him alive on Sept 26 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion instant

Due to Arteriosclerotic Heart Disease

Due to Uncertain

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 Wm. C. Macdonald (M. D. or other)  
Address 539 N. Grand Date signed 10-1-45

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

**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..... *Law M. Seymour*.....

Licensed Embalmer No. *4343*

P. O. Address *7415 Zephyr Pl  
Maplewood, N.J.*

**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.**