

No. 2  
-5-43  
17-39  
X36671

FILED DEC 31 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
3438 So. Compton Ave.  
(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)

3. (a) PRINT FULL NAME John D. Finkbeiner

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 Married

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 27 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	11	14	hr. min.
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9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Oiler

11. Industry or business Anheuser Busch Inc.

12. Name Jonathan Finkbeiner

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

14. Maiden name Unknown

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

16. (a) Informant Bertha Finkbeiner

(b) Address 3438 So. Compton Ave.

17. (a) Burial (b) Date thereof 12 14 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 13 1946 (b) J. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 3438 So. Compton Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th  
year 1946 hour 7:40 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from November 30, 1946, to December 10, 1946; that I last saw him alive on Dec. 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, acute

Due to Metastatic Carcinoma from prostate

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

Other conditions 31  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 D (Specify type of place) \_\_\_\_\_

(a) Means of injury \_\_\_\_\_

23. Signature Charles G. DeMeyer (M.D. or other) \_\_\_\_\_

Address 3103 Anselme St. Date signed 12/13/46

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

*Richard W. Storrsand*

Licensed Embalmer No. *4007*

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.**