

FILED APR 25 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3928

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5205 Louisiana  
(If not 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 Missouri (b) County aaa  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5205 Louisiana  
(If rural, give location) 1517  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 9  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME John S. Finke

3. (b) If veteran, name war None 3. (c) Social Security No. 491-14-9158

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

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

7. Birth date of deceased December 9, 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 6 years

11. Industry or business Shoe Worker

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Mr. John Finke

(b) Address 5205 Louisiana

17. (a) Burial (b) Date thereof 4-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 6322 S. Grand Blvd.

19. (a) APR 15 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th  
year 1947 hour 9 minute 40 p.m.

21. I hereby certify that I attended the deceased from April 12, 1947  
to April 12, 1947  
that I last saw him alive on April 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of Myocardium (Occlusion of Coronary Artery) Duration minutes

Due to Sclerosis of Coronary Arteries years

Due to arteriosclerosis years

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) \_\_\_\_\_

(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 Raymond J. Williams (M. D. or other) 0

Address 114 N. Taylor, St. Louis Date signed 4-14-47

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

MOTHER FATHER

**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.....

*J. W. Bentley*

Licensed Embalmer No. 3657

P. O. Address. St. Louis, Mo.

**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.**