

S. No. 2
DM-2-43
v. 5-17-39
P-1 X25597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22932
Registrar's No. 1364

FILED JUL 7 1947
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6231 Stillwell Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 1 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 997

(c) City or town Belleville 11
(If outside city or town limits, write "RURAL")

(d) Street No. 306 S. Douglas Ave. 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY E. FINK.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herbert J. Fink.

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

7. Birth date of deceased: August 26 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Housewidow

11. Industry or business _____

MOTHER { 12. Name George Chalmers.

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

14. Maiden name Eliza Orten.

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

16. (a) Informant Herbert Fink

(b) Address Belleville

17. (a) Removal (b) Date thereof. 6-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Clara A. Baldus

(b) Address Belleville, Illinois

19. (a) 6-27-47 (b) Paul G. Harp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1947 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to Chronic Myocarditis 12 yrs.
ass. Hypertension 6 1/2

Due to _____ 93d

Other conditions (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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. R. Garner (M. D. or other) D.O.
Address 3724 Juniors Rd. Date signed 6/24/47

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 *Edgar A. Baldus*

Licensed Embalmer No. *2846*

P. O. Address *Bellville, 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.