

FILED OCT 24 1947 318

Registration District No. Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **8411 Church Rd.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **None**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **oan**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **8411 Church Rd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Flora E. Finkes**
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..... **Married**
6. (b) Name of husband or wife..... **Lawrence Finkes**
6. (c) Age of husband or wife if alive..... **68** years
7. Birth date of deceased..... **January 28, 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 **8** **15** hr. min.

9. Birthplace..... **Sullivan, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....
12. Name..... **Larkin Spradley**
13. Birthplace..... **Unknown Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Elizabeth Thompson**
15. Birthplace..... **Unknown Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Lawrence Finkes**
(b) Address..... **8411 Church Rd.**
17. (a) **Burial** (b) Date thereof..... **10/17/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Friedens Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son, Inc.**
(b) Address..... **2161 East Fair Ave**
19. (a) **OCT 15 1947** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct.** day..... **13th**
year..... **1947** hour..... **2:30** PM minute..... M.

21. I hereby certify that I attended the deceased from..... **1944**
....., 19..... to..... **Oct 13 47**
that I last saw h. or alive on..... **Oct 13 47**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... **Cardio renal vascular disease**
Due to..... **3 yrs**

Due to..... **1 2/3**
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

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..... **W.P. Hamilton** (M. D. or other) **MO**
Address..... **8363 Tolls Ferry** Date signed..... **Oct 14 47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

Welford G Burnley

Licensed Embalmer No.....

42020

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.