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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10155

Registrar's No. 3335

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

1. PLACE OF DEATH:
(a) County
(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: St. Louis City Hospital-Max C. Starkloff Memorial
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1741 Mississippi
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME CHRISTOPHER FINFROCK

3. (b) If veteran, name war no.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Sarah E.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 31 (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation House cleaner

11. Industry or business

FATHER
12. Name John Paul Finfrock
13. Birthplace Hagerstown, Md. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Miller
15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah E. Finfrock
(b) Address 1741 Mississippi

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Witt Bros. L. & M. Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) APR 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1948 hour 3 minute 45 A M.

21. I hereby certify that I attended the deceased from 3/7/48, 19, to April 5th, 19 48 that I last saw him alive on April 5th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Arteriosclerotic gangrene of the left leg. Of autopsy Renewing of Arteriosclerosis

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

23. Signature Darrell R. Crafton M.D. (Physician or other)
Address 1515 Lafayette Date signed 4/5/48

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Davis ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

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.