

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6984

BIRTH NO. _____		REG. DIST. NO. <u>6076</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>351</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COUNTRY CLUB HILLS</u>		96 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT. ST. ROSE SANITARIUM</u>				d. STREET ADDRESS (If rural, give location) <u>5605 STATLER AVE. 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>TEITHA</u>		b. (Middle) <u>M.</u>		c. (Last) <u>FINKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 10 49</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 30<sup>TH</sup> 1913</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>JOHN P. KINZEL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SCHUTZ</u>		14. NAME OF HUSBAND OR WIFE. <u>ALBERT J. FINKE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>489-01-6556</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALBERT FINKE, 5605 STATLER AV.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 mo 2</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RT. PNEUMONECTOMY</u> <u>13 days ago.</u>					13 day	
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002H</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Large cavity Rt. apex.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. LOUIS</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>15 Aug</u> , 19 <u>48</u> , to <u>10 Feb</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10 Feb</u> , 19 <u>49</u> , and that death occurred at <u>3:55 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Arthur K. Friskel M.D.</u>				23b. ADDRESS <u>4101 S. Grand Ave</u>		23c. DATE SIGNED <u>2-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO.</u>			
DATE REC'D BY LOCAL REG. <u>2-14-49</u>		REGISTRAR'S SIGNATURE <u>Harold L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4818 NATL. BR. BUA</u>				

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John A. Menard*

Licensed Embalmer No. *4186*

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.