

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35125

State File No.

8800

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		OR TOWN _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5221 Wabada				d. STREET ADDRESS (If rural, give location) 5221 Wabada				_____	
3. NAME OF DECEASED (Type or Print) a. (First) Adele			b. (Middle) _____			c. (Last) Finninger			
4. DATE OF DEATH (Month) (Day) (Year) October 11 1949			5. SEX female			6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow			8. DATE OF BIRTH November 28, 1868			9. AGE (In years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Switzerland			
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Louis Finniger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Ludwig			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis				DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____		
19a. DATE OF OPERATION none			19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			
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? H508			
22. I hereby certify that I attended the deceased from April, 1947 to 10-11, 1949 , that I last saw the deceased alive on 10-10, 1949 and that death occurred at 1:30a m. , from the causes and on the date stated above.									
23a. SIGNATURE R. R. Meinhardt			23b. ADDRESS 05330 Geraldine			23c. DATE SIGNED 10-12-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial			24b. DATE 10-13-49			24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery			
24d. LOCATION (City, town, or county) St. Louis, Missouri			24e. (State) _____						
DATE REC'D BY LOCAL REG. OCT 13 1949			REGISTRAR'S SIGNATURE J. B. Sauter			25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.			
						ADDRESS 2161 E. Fair Ave.			

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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

Richard G. Burnley

Licensed Embalmer No.

4 702 6

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.