

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2782
0073

State File No.

Registrar's No.

FILED JAN 16 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4624 Pennsylvania</u>				d. STREET ADDRESS (If rural, give location) <u>4624 Pennsylvania</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>			b. (Middle) <u>(Maggie)</u>			c. (Last) <u>Fink</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-1952</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 16 1866</u>		9. AGE (In years last birthday) <u>85</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo. 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob Dobler</u>				13b. MOTHER'S MAIDEN NAME <u>Jacobina Kraft</u>			14. NAME OF HUSBAND OR WIFE <u>Edward Fink</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Eccher 4624 Pennsylvania</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Endocarditis</u> DUE TO (c) <u>Bronchopneumonia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u> <u>2 days.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							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) _____						
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? <u>H214</u>						
22. I hereby certify that I attended the deceased from <u>12-26-51</u> , 19 <u>51</u> , to <u>1-3-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-3-52</u> , 19 <u>52</u> , and that death occurred at <u>5-PM</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Yvonne K. Wetherby</u>				(Degree or title) <u>D.C.</u>		23b. ADDRESS <u>3407 S. Grand Blvd.,</u>		23c. DATE SIGNED <u>1-4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mathews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>				
DATE REC'D BY LOCAL REG. <u>JAN 4 1952</u>		REGISTRAR'S SIGNATURE <u>Earl Smith Jr</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schumacher Und. Co. 3013 Meramec</u>				

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

34075. Overst
1006161

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

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.