S. No. 300
Rev. 10.48

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

FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21975

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6148

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place): ------
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5162 Lexington Avenue, 15,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2069
d. STREET ADDRESS (If rural, give location): 5162 Lexington Avenue, 15,

3. NAME OF DECEASED (Type or Print): a. (First) Friedericka b. (Middle) C. c. (Last) Finklang

4. DATE OF DEATH (Month) (Day) (Year): June 28th, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1st, 1875
9. AGE (In years last birthday): 77 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Bates County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ferdinand Schapeler
13b. MOTHER'S MAIDEN NAME: Jacobina Kaufman
14. NAME OF HUSBAND OR WIFE: William F. Finklang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: William F. Finklang, 5162 Lexington Ave.,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal-Circulatory — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis Hypertensive
DUE TO (c) Arteriosclerosis - Nephritis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Excessive bot [illegible] urinary incontinence — 12 yr.

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: O.K.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Fr. Ankle
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home (Bed)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dep. Sp. Dept. 7/9/52
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Was getting out of bed. 442XF

22. *I hereby certify that I attended the deceased from* May, 1880, *to* June 28, 1952, *that I last saw the deceased alive on* June 28, 1952, *and that death occurred at* 7:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter Leff Kirchner M.D.
23b. ADDRESS: 508 N. Grand Blvd. 3
23c. DATE SIGNED: 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/1/52
24c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG. JUN 30 1952
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Home, 5175 Cabanne Ave., Ro. 2827
(He will be there until 9:30 AM Mon.)
Office Hours in the
Metropolitan Bldg., Grand & Olive Sts.,
between 2:00 P. M. & 4:00 P. M. Mon.
(NE.4544)

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 Ralph C. Linden

Licensed Embalmer No. 4275

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.