

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40181
10612

State File No.

Registrar's No.

FILED DEC 12 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) a. STATE						b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City			c. LENGTH OF STAY (In this place) 7-10-52 / 11/19/52		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City.			2069					
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 10 5836a Theodosia.						0			
3. NAME OF DECEASED (Type or Print)			a. (First) Minnie		b. (Middle)		c. (Last) Fink.		4. DATE OF DEATH (Month) (Day) (Year) 11- 18-52				
5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt. 65		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 12 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Poland 4			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Jacob Lowman.			13b. MOTHER'S MAIDEN NAME Weinberg.			14. NAME OF HUSBAND OR WIFE Harry BRK							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmiry RRecords 5800 Arsenal									
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Far advanced Pulmonary Tuberculosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X									
22. I hereby certify that I attended the deceased from <i>7-15-52</i> , 19___, to <i>11-18-52</i> , 19___, that I last saw the deceased alive on <i>11-18</i> , 1952, and that death occurred at <i>10:50a</i> m., from the causes and on the date stated above.													
23a. SIGNATURE <i>M. L. Goehausen</i>				(Degree or title) <i>M. D.</i>		23b. ADDRESS <i>5600 Arsenal, St. Louis Mo</i>			23c. DATE SIGNED <i>11-18-52</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>11/19/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo</i>							
DATE REC'D BY LOCAL REG. <i>NOV 18 1952</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman Rindt Koffler 5216 Delmar Blvd.</i>							

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Peter B. Rubinculle* _____

Licensed Embalmer No. *3691* _____

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.