

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16617

State File No. _____

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1060

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bissell Hills</u>		c. LENGTH OF STAY (In this place) <u>5</u> Years	c. CITY OR TOWN <u>Bissell Hills ?</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10101 Cabot Drive</u>			e. STREET ADDRESS (If rural, give location) <u>10101 Cabot Drive, 4020</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u>		b. (Middle)	c. (Last) <u>Finke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1953.</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>Sept. 6, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Freebersyser</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Barley</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Harry C. Finke</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry C. Finke, 10101 Cabot Drive.</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>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 5 yrs				
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) <u>3318</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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>1-2, 1953</u> , to <u>4-3, 1953</u> , that I last saw the deceased alive on <u>4-3, 1953</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. H. Weaver, M.D.</u>		23b. ADDRESS <u>40 N. Flanssant</u>		23c. DATE SIGNED <u>4-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens Cemetry.</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-17-53</u>	REGISTRARS SIGNATURE <u>Herkut R. Dombek-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diath Hermann & Son Inc. 2161 E. Fair Ave.</u>		

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.....
Signature of Student Embalmer

Signed..... *Allen W. Natz*
Licensed Embalmer No. *3737*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.