

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7088**

FILED MAR 11 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **490**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.-STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur		c. CITY OR TOWN Creve Coeur	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Wks.		e. STREET ADDRESS (If rural, give location) Decker Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION Green Valley Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Augusta	b. (Middle)	c. (Last) Fink	4. DATE OF DEATH (Month) (Day) (Year) 2/20/57
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 23, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Fink	13b. MOTHER'S MAIDEN NAME Louisa Sellenrick	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John H. Fink, Creve Coeur, Mo.	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH over 18 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease over 18 mos. DUE TO (c) Arteriosclerosis Sclerolytic over 18 mos.		
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"/>
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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) 442X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **10/17, 1955**, to **2/20, 1957**, that I last saw the deceased alive on **2/16, 1957**, and that death occurred at **12:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert S. Aughr M.D.	23b. ADDRESS Creve Coeur, Mo	23c. DATE SIGNED 2/22/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/23/57	24c. NAME OF CEMETERY OR CREMATORY Elmlawn Cemetery,	24d. LOCATION (City, town, or county) (State) Clayton & Ballas Roads
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DATE REC'D BY LOCAL REG. 2/22/57	REGISTRAR'S SIGNATURE Herbert B. Donahoe	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home,	ADDRESS Ballwin, Mo.
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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 *Richard Bopp*.....

Licensed Embalmer No. *4584*.....

P. O. Address *Bellwin, Va.*.....

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.