

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Called Stage - not due to certification

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015772
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4369

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS								
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KIRKWOOD 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL			Length of stay in 1b		d. STREET ADDRESS 27 0024 HIGHWAY 66		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HARRY H. FINKE				4. DATE OF DEATH Month Day Year APRIL 20 1958								
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 30, 1911		9. AGE (In years last birthday) 46 yrs	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Die Cast Operator			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Die Co.		11. BIRTHPLACE (City and state or country) Plum Hill, Illinois		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME EMIL FINKE				14. MOTHER'S MAIDEN NAME EMIL BENDER								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address MRS. MYRTLE FINKE, 10024 Highway 66,								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac decompensation</i> <i>Cor Pulmonale</i> <i>Pulmonary embolus</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH					
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE 525 X	
21. I attended the deceased from <i>Sept 57</i> to <i>19 April 58</i> and last saw <i>her</i> alive on <i>19 April 58</i> Death occurred at <i>3:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <i>Carl Smith MD</i>				22b. ADDRESS <i>Wichita Mo</i>				22c. DATE SIGNED <i>21 April 58</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 23, 1958		23c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		23d. LOCATION (City, town, or county) (Date) St. Louis County, Mo.						
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge Blvd.				25. DATE RECD. BY LOCAL REG. APR 22 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> m 85						

10424 Manchester Ave.
Taylor 1-6162
3-5:30 Daily

File in city

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Ralph L. Fincher*

Licensed Embalmer No... *42*

P. O. Address... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.