

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023285  
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5612

S. 300  
1-57

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY St. Louis                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN Northwoods 4/300  |
| 38 FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Enroute City Hosp.   |  | Length of stay in lb  | d. STREET ADDRESS (If outside, give location)<br>2279 6937 Pasadena Av. |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>THOMAS JOHN FINK   |  |   | 4. DATE OF DEATH<br>Month Day Year<br>May 27 1958                       |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Sep. 3, 1935  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Salesman  |  | 9b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday)<br>22                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and State or country)<br>St. Louis, Mo.            |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  | 13a. FATHER'S NAME<br>Jack Fink   |   |
| 13b. MOTHER'S MAIDEN NAME<br>Marcella Coleman   |  | 14. NAME OF HUSBAND OR WIFE<br>-----  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give year or dates of service)<br>Yes Korean War  |  | 16. SOCIAL SECURITY NO.<br>496-36-5570  | 17. INFORMANT<br>Jack Fink 6937 Pasadena Ave.                           |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Gunshot wound of skull and</u><br><u>brain, self-inflicted in room of home</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>5948<sup>a</sup> Maple, about 11:25 a.m. May 27, 1958</u><br>DUE TO (c) <u>suicide</u><br>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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>See above E976x</u> |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><u>11:25 a.m. 5/27/58</u>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>home</u>                |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20f. CITY, TOWN, OR LOCATION<br><u>St Louis</u>  |   | COUNTY STATE<br><u>Mo.</u>  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>11:48 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |   |
| 22a. SIGNATURE<br><u>James M Kelly</u>  |  | 22b. ADDRESS<br><u>1300 Clark</u>   | 22c. DATE SIGNED<br><u>5-29-58</u>                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>May 30, 1958</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Kriegshauser 4228 S.Kingshighway</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>MAY 29 58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith</u>                          |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 W. Stover* .....

Licensed Embalmer No. *4007* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.