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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003860
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Marys Hospt — Length of stay in 1b: 1 Week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN: University City 4326 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5509 Corbitt Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Margaret — Middle: A — Last: Finke

4. DATE OF DEATH: Month 1 Day 5 Year 59

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 1-17-1879

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietician

10b. KIND OF BUSINESS OR INDUSTRY: School of Blind

11. BIRTHPLACE (City and state or country): St.Louis Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unk Mark

13b. MOTHER'S MAIDEN NAME: UNK

14. NAME OF HUSBAND OR WIFE: Frank Finke Dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ********

16. SOCIAL SECURITY NO.: 490 36 4618

17. INFORMANT: Frank Donovan — Address: 5509 Corbitt Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gastric ulcer acute
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5400

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1941, to Jan 5 1959 and last saw her alive on Jan 5-1959
Death occurred at 3.25 a on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred Kramer MD

22b. ADDRESS: 4161 Lindell

22c. DATE SIGNED: 1-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-9-59

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: J.W.Clark F.H. 1125 Hodiamont Ave.

25. DATE RECD. BY LOCAL REG.: 1-6-59

26. REGISTRAR'S SIGNATURE: John C. Murphy

(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 .....
Signature of Student Embalmer

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiam

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.