MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34689

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10075

City St. Louis Mo (No. 3125 Maury Ave St. ..... Ward)

2. FULL NAME Frank H. Finke

(a) Residence. No. ..... St., 16 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 6 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	11	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clothing Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Wolf Bros Clothing Co

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm Finke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Margaret Finke
(Address) 3125 Maury Ave

15. FILED OCT 23 1930 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Jun 20, 1930, to Oct 21, 1930 that I last saw him alive on Oct 21st, 1930, and that death occurred, on the date stated above, at 12:30 p.m.

11A 1068 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis non Tubercular

..... (duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) Influenza

..... (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry W Schulz M. D.

10-23, 1930 (Address) 2603 Clarke St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cemetery	Oct 24 1930

20. UNDERTAKER Wm J Robert ADDRESS 1905 S Broad Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.