

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13139

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Faith Memorial Hospital** Registered No. **3743**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ELIZABETH L. J. FINKE, 520
 (a) Residence, No. **4338 Warne Avenue** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 16, 1860**
 7. AGE YEARS **77** MONTHS **4** DAYS **3** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

FATHER 13. NAME **Not Known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Eugene F. Paust,**
(ADDRESS) **1921 Railway Exchange Bldg.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park, Apr. 22, 1938**

19. FUNERAL DIRECTOR **Math. Hermann & Son**
(ADDRESS) **2161 East Fair Avenue**

20. FILED **APR 22 1938** 19 **J. B. Budeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 19, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 26**, 19**37**, at **4/19**, 19**38**
 I last saw her alive on **4/19**, 19**38**. Death is said to have occurred on the date stated above, at **2:10 P. M.**
 The principal cause of death and related causes of importance were as follows:

apoplexy
Hypertension
108
 Other contributory causes of importance:
terminal pneumonia
tobacco

Name of operation **none** Date of **no**
 What test confirmed diagnosis: **autopsy** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify
 (Signed) **P. M. Kuehn** M. D.
 (Address) **3702 California St. Louis**

STATEMENT BY LICENSED EMBALMER

I, Samuel Hampton....., Licensed Embalmer No. 2967
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Samuel Hampton
Licensed Embalmer No. 2967

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.)