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No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13581

State File No. \_\_\_\_\_

MAY 15 1940

7917

Primary Registration District No. 1003

Registrar's No. 3783

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days  
(Specify whether  
In this community ?  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis. 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3952 NATURAL BRIDGE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 55 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26,  
year 1940 hour 7:40 minute A. M.  
21. I hereby certify that I attended the deceased from March  
28, 1940 to April 26, 1940;  
that I last saw him alive on April 26, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Frontal Bone  
probably osteogenic  
Sarcoma  
Duration 9 yrs

Due to 53  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death) yes

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Walter Ford (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 4/26/40

3. (a) PRINT FULL NAME William Finke 520

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife SELMA FINKE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JANUARY 5 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation Nit

11. Industry or business \_\_\_\_\_

12. Name FREDERICK FINKE

13. Birthplace \_\_\_\_\_ (City, town, or county) GERMANY (State or foreign country)

14. Maiden name MARIE MENKE

15. Birthplace \_\_\_\_\_ (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Mrs. Finke

(b) Address 3952 Natural Bridge

17. (a) BURIAL (b) Date thereof APRIL 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAUREL HILL CEMETERY

18. (c) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) APR 28 1940 (b) J. F. [Signature]  
(Date) (Medical Director's Signature)

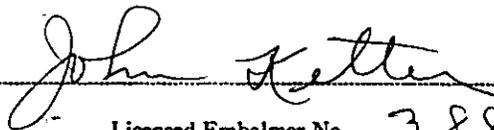
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed



Licensed Embalmer No. 3880

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 this body is not embalmed, above space should be left blank.**