

No. 2  
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X22159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8699

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

2109

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution:  
2835 a Gasconade /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Lona V. Fink

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 24 1899  
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sandoval / Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

12. Name William Lyman

13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Caldwell

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Fink

(b) Address 2835 a Gasconade

17. (a) Burial (b) Date thereof 3-8-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAR 6 1941 (b) J. T. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2835 a Gasconade  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5  
year 1941 hour 6 minute 10 a. M.

21. I hereby certify that I attended the deceased from Jan 5 1941 to Mar 5 1941; that I last saw her alive on Mar 4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure Duration 1 week

Due to Metastatic Cancer to Retroperitoneal Lymph glands

Due to Primary site probably uterus

Other conditions 1

(Include pregnancy within 3 months of death)

Duration  
1 week

9 M O

PHYSICIAN

Major findings: Operated by Dr. F. Cunnert Aug 1940 at Depaul Hosp

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Tuffer Plump (M. D. or other) 0

Address 3932 d Grand Date signed Mar 5 1941

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

MOTHER FATHER

DEC 17 1951

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.....

*Clarence P. Chow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Clarence P. Chow*

Licensed Embalmer No. ....

*3093*

P. O. Address.....

*3013 W. 1st St. Meramec*

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, fact should be so stated above.