DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34775

FILED NOV 6 1942

Registration District No. 104 Primary Registration District No. 200 Registrar's No. 2210

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town Pine Lawn 0 (If outside city or town limits, write "RURAL")

(d) Street No. 4216 Jennings Road (If rural, give location)

(e) Citizen of foreign country? 7 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Edward Fink

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept (Month) 13 (Day) 1865 (Year)

8. AGE: Years 77 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation Plumber (Own business)

11. Industry or business

FATHER
12. Name Jacob Fink
13. Birthplace (City, town, or county) Pa. / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Clara Mae Fink

(b) Address 4216 Jennings Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-42 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Stroot-Carroll, JL

(b) Address 4600 Natural Bridge Ave.

19. (a) OCT 26 1942 (Date received local registrar) (b) E. H. McGovern JL (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Inquest pending. Result of head injury, cause unk.

Due to

Due to Scalp laceration; Subdural & subarachnoid hemorrhage;

Other conditions partial occlusion of r. coronary artery; abrasions of elbows and knees. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 096

(a) Accident, suicide, or homicide (specify) Open verd. Cause Unk.

(b) Date of occurrence 10-23-42

(c) Where did injury occur? Place unk. found at Pine Lawn (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unk. remains found in Pine Lawn (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Louis H Bopp (M. D. or other) Coroner

Address Kirkwood, Mo. 10/24/42 Date signed

101 (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.....

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

working under my personal supervision.

Signed Thomas H Shoots

Licensed Embalmer No. 2265

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 34775

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St. Louis
(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No.: 4216 Jennings Rd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William Edward Fink
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Clara
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Sept (Month) 13 (Day) 1867 (Year)
8. AGE: Years: 77 Months: 1 Days: 10 If less than one day: hr. ..... min.
9. Birthplace: (City, town, or county) ..... Iowa (State or foreign country)
10. Usual occupation: Plumber
11. Industry or business: .....
MOTHER FATHER
12. Name: Jacob Fink
13. Birthplace: (City, town, or county) ..... Penna. (State or foreign country)
14. Maiden name: unknown
15. Birthplace: (City, town, or county) ..... (State or foreign country)
16. (a) Informant: Mrs. Clara Mae Fink
(b) Address: 4216 Jennings Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens
18. (a) Signature of funeral director: Stroot-Carroll
(b) Address: 4600 Natural Bridge Ave.
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. Day: 23 Year: 1942 hour: ..... minute: 3 P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inquest pending, result of head injury, Cause Sink.	
Due to: Scalp laceration; Subdural & subarachnoid hemorrhage;	
Due to: Partial occlusion of right coronary artery; Abrasions of	
Other conditions: elbows and knees. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: .....
Of autopsy: Yes.

PHYSICIAN — 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): Coroner's verdict Cause unknown.
(b) Date of occurrence: Oct. 23, 1942
(c) Where did injury occur? Place unknown-found at Pine Lawn (City, town, or county) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown; remains found at Pine Lawn (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: Louis H. Bopp, Coroner (M.D. or other)
Address: Kirkwood, Mo. Date signed: 10-24-42

SUPPLEMENTARY

1942
34775.