

**FEB 4 1943 818**

**1003**

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

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12-16-42 to 1-27-43  
In this community Nov 28 '42 to Jan 27 '43 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS (b) County WASHINGTON  
(c) City or town FAYETTEVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. RURAL (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 2

3. (a) PRINT FULL NAME Mrs. Agnes Velma Finger

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CHARLES J. FINGER, JR 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased MAY 26 1908  
(Month) (Day) (Year)

8. AGE: Years 34 Months 8 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

MOTHER FATHER { 12. Name SIMON JANSMA  
13. Birthplace HOLLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name JENNIE FROHM  
15. Birthplace HOLLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Finger

(b) Address Fayetteville Arkansas

17. (a) BURIAL (b) Date thereof 1-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY  
MATTLBERG FUNERAL HOME

18. (a) Signature of funeral director WEBSTER GROVES, MO.

(b) Address \_\_\_\_\_  
19. (a) JAN 29 1943 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1943 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12-16-42  
\_\_\_\_\_ 19\_\_\_\_, to 1-27 1943  
that I last saw him alive on 1-27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days  
Hodgkins Disease Duration 3 years  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Biopsy of ailiary  
Of operations lymph node showed Hodgkins Dis  
Of autopsy Hodgkins Disease of spleen  
liver lymph nodes

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) \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature  Gordon F. Moore (M.D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

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**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.....

*G. W. Wilkinson*

Licensed Embalmer No.....

*3575*

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, fact should be so stated above.**