

FILED FEB 10 1943
Registration District No. 284

Primary Registration District No. 200

Registrar's No. 137

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
PINE CREST NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 MONTHS - 5 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3501 MISSOURI AVE
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME LIZZIE FINKE

3. (b) If veteran, name war ---

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race W.H.I.Z.E.

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

6. (b) Name of husband or wife HENRY FINKE

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

7. Birth date of deceased FEB. 14 - 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	11	3	hr. min.
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9. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ---

MOTHER FATHER

12. Name HENRY DEPKER

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

14. Maiden name DOROTHY ROSENBERG

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

16. (a) Informant Mrs. Emma A. Vaitlein

(b) Address 3836^a Minnesota

17. (a) BURIAL (b) Date thereof JAN 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Biederwieser Funeral Home, Inc.

(b) Address 1936 ST. LOUIS AVE

19. (a) JAN 21 1943 (b) E. J. Mc Lannan
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1943 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 12th 1942, to Jan 17th 1943, that I last saw her alive on Jan 16th 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder

Due to 52 f

Due to Arterio Sclerosis

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

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)

(e) Means of injury ---

23. Signature P. St. Jansen (M.D. or other)

Address Manchester, Mo Date signed 1/17/43

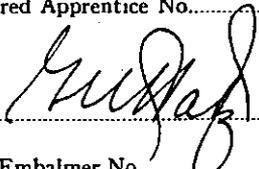
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9600

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. 2737

P. O. Address. 1936 St. Louis Ave

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.