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No. 2
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1-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 267

FILED MAR 1 1943
Registration District No. 78

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town R.V.

(c) Name of hospital or institution:
St. Mary's Hospital
(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:

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

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 420 Saratoga
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa M. Fink

(b) If veteran, name war NONE

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1943 hour _____ minute _____ M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christ Fink

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 9 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 19 42 to Feb 1 19 43
that I last saw h. ee alive on January 31 19 43
and that death occurred on the date and hour stated above.

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

70 5 23 hr. _____ min.

Immediate cause of death Cancer of Lung

Duration 1 1/2

9. Birthplace Quincy Ills.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Housewife

Other conditions Cancer of uterus, thyroid
(Include pregnancy within 3 months of death)
Bladder and rectum

11. Industry or business _____

Major findings:
Of operations _____

MOTHER FATHER

12. Name Theodore Meann

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

14. Maiden name Anna Henrici

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

Of autopsy ffo

Underline the cause to which death should be charged statistically.

16. (a) Informant William E. Meyer

(b) Address 2429 Highschool Brentwood, Mo

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

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2-3-43
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

(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? _____

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) FEB 3 1943 (Date received local registrar)

(b) C. L. McFarlan MD (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature C. Barnett (M. D. or other)

Address 243 W Jefferson Kirkwood Date signed 2/1-43

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

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.....

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.