

35684

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 0

Registrar's No. 23,70

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

No. 2  
-2.43  
5-17-39  
I X35697

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

76  
4  
3

FILED OCT 29 1943

Registration District No. 917

Primary Registration District No. 3066

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town Kirkwood  
(c) Name of hospital or institution:  
415 N. Caroline  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St Louis  
(c) City or town Kirkwood  
(d) Street No. 415 N. Caroline  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Barbara Fink  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 20  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 10-12, 1943, to 10-20, 1943  
that I last saw h. alive on 10-19, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Adam Fink  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Jan. 31 1868  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia  
Duration 9 Dn  
Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
75 8 19 hr. \_\_\_\_\_ min.

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 108  
Underline the cause to which death should be charged statistically.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired housewife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Adam Fink  
(b) Address 415 N. Caroline, Kirkwood, Mo.  
17. (a) Burial (b) Date thereof 10 22 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Peters Cemetery

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? \_\_\_\_\_  
(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 C. Barnett (M. D. or other) \_\_\_\_\_  
Address 243 W. Jefferson, Kirkwood, Mo. Date signed 10-24-43

18. (a) Signature of funeral director Louis H. Bopp, Inc.  
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.  
19. (a) OCT 23 1943 (b) C. G. McCarver M.D.  
(Date received local registrar) (Registrar's signature)

**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 *Elie Hurand*.....

Licensed Embalmer No. *3834*.....

P. O. Address *Kirkwood Mo*.....

**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.**