V. S. No. 2
100M—2-43
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43677

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2966

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1202 W Big Bend
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Fink
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6-6-1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	7	1	hr. min.

9. Birthplace ? (City, town, or county) Germany (State or foreign country)
10. Usual occupation ----------
11. Industry or business
FATHER 12. Name Christopher Fink
13. Birthplace ? (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Mary Unknown
15. Birthplace ? (City, town, or county) Germany (State or foreign country)
16. (a) Informant Christ Fink
(b) Address 469 S Clay ave, Kirkwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Lucas Cem
18. (a) Signature of funeral director Lucas & Bopp Inc
(b) Address Kirkwood, Mo
19. (a) DEC 31 1943 (Date received local registrar) (b) C D McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 43 hour 12:50 minute A M.
21. I hereby certify that I attended the deceased from 12-27-43, 19..., to 12-28-43, 19...; that I last saw him alive on 12-28-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	1 day
Due to hypertension	2 yr
Due to A.V. disease	
Other conditions (Include pregnancy within 3 months of death) lues, tertiary	5 yr

Major findings:
Of operations
Of autopsy 309

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? (Specify type of place)
While at work? Means of injury
23. Signature Geo Flynn (M. D.)
Address 601 S. Brentwood Date signed

(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 Felix Durand

Licensed Embalmer No. 3034

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.