

FILED JUN 20 1948

Registration District No. Primary Registration District No.

1003

Registrar's No.

5079

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran 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)

3. (a) PRINT FULL NAME REGINA FINGER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 17, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days 7 If less than one day  
81 2 12 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name Ferdinand Fishell

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

14. Maiden name Lizzie Zicher

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

16. (a) Informant Mrs. Morris Wachtel

(b) Address 6179 Westminster

17. (a) Cremation (b) Date thereof 6-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director H. Rudschoff

(b) Address 5216 Delmar

19. (a) JUN 6 1948 (Date received local registrar) J. F. Bruders (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6179 Westminster  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 1st to June 4, 1946  
that I last saw her alive on June 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
appendix, gangrened  
Due to.....

Due to cause of uterine  
Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy gangrened appendix  
cause of uterine

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 A. W. Smith (M. D. or other) pub  
Address 3651 Girard St Date signed June 46

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

20589

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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.....

*W. Burgess*

Licensed Embalmer No.....

4029

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.**