

No. 2  
12-45  
17-39  
X47070

FILED MAR 31 1947

1003

Registrar's No. 2950

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County MISSOURI

(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 11 MONTHS  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

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

(d) Street No. 2346 E VIRGINIA  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME GEORGE E. FINK SR.

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

3. (c) Social Security No. 498-05-0601

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife AGNES

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JAN. 1 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>17</u>	hr. min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation BREWERY WORKER

11. Industry or business ANHEUSER BUSCH

12. Name LOUIS FINK

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

14. Maiden name JEANNETTE PLOHEN

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant GEO. E. FINK JR.

(b) Address 4161 POTOMAC

17. (a) BURIAL (b) Date thereof MAR. 21, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thomas Kutei

(b) Address 2906 GRAVOIS

19. (a) MAR 19 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 18  
year 1947 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 3-17  
..... 1947 to 3-17 1947  
that I last saw him alive on 3-17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of Bladder Urinary 2 1/2 yrs.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 52

Of autopsy.....

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?

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature [Signature] (M. D. or other) MD

Address 5203 Chippewa Date signed 3/19/47

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

MAR 9 1948

12:20 p.m. Disposition of  
the remains of  
Therese

**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 Leaf Budde  
Licensed Embalmer No. 3989  
P. O. Address St. Louis, 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.**