. 300
10-47
17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34121

Registrar's No. 9459

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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 Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. 8617 Litzinger
(If rural, give location)

NR.

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH C. 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 Married

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased October (Month) 21 (Day) 1907 (Year)

8. AGE: Years 41 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Torrington (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Executive

11. Industry or business Edison Shoe Co.

MOTHER FATHER

12. Name Henry Fink

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

14. Maiden name Lena Fagelson

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

16. (a) Informant Mrs. Joseph C. Fink

(b) Address 8617 Litzinger Road

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Grand Rapids, Mich.

18. (a) Signature of funeral director Herman Rindskopf, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) NOV 1 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1948 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from 9/23, 1948, to 10/31, 1948, that I last saw him alive on 10/31, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute lymphatic leukemia — Duration 4 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature J. J. Flance (M. D. or other)

Address 372 Washington Date signed 11/1/48

(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 John Keller

Licensed Embalmer No. 3880

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.