No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 38102

Registrar's No. 9881

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

(d) Length of stay: In hospital or institution 6 Days. (Specify whether years, months or days)

In this community 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3942 Parnell St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John. Finkes.

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

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Finkes

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

7. Birth date of deceased 1 (Month) 15 (Day) 1882 (Year)

8. AGE: Years 66 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Beltre. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Grocer

11. Industry or business

MOTHER FATHER

12. Name John Finkes.

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

14. Maiden name Gen. Wardin.

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

16. (a) Informant Robert Finkes.

(b) Address 3925 Parnell St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) NOV 15 1948 (Date received local registrar) (b) J. B. Labeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1948 hour 11 minute 18 P.M.

21. I hereby certify that I attended the deceased from Oct. 1 1948, to Nov. 12 1948, that I last saw him alive on Nov. 12 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days.
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

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

Address Humboldt Bldg. St. Louis Date signed 11/17/48

(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~~ Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.