

FILED JAN 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2664  
111  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3627 Connecticut</u>		e. STREET ADDRESS (If rural, give location) <u>3627A Connecticut</u>	
3. NAME OF DECEASED (Type or Print) <u>ANDREW</u>		a. (First) <u>ANDREW</u>	b. (Middle) <u>FINK</u>
c. (Last) <u>FINK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>NOV 9 1859</u>
9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>27</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>12</u> Min. <u>28</u>	11. BIRTHPLACE (State or foreign country) <u>Florida</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mortician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fink</u>	
13b. MOTHER'S MAIDEN NAME <u>do not know</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Allye Homann</u>		ADDRESS <u>St. Louis</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thromboses</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>arteriosclerosis</u>	
DUE TO (c) <u>senility</u>		DUE TO (d) <u>none</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>none</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>none</u>		22. I hereby certify that I attended the deceased from <u>1/3</u> , 19 <u>49</u> , to <u>1/5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/3</u> , 19 <u>49</u> , and that death occurred at <u>7:20 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Proctor C. Wald MD</u>		23b. ADDRESS <u>3900 Lafayette</u>	
23c. DATE SIGNED <u>1/5/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>1-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethelshome</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortman</u>	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <u>J B Lasater</u>		ADDRESS <u>St. Louis, Mo.</u>	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Al C. Artmann

Licensed Embalmer No. 3478

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.