

FILED OCT 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32085

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 3279

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Overland</u>)	c. LENGTH OF STAY (In this place) <u>2 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland, Mo.</u> <u>426X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2446 Charlack Ave</u>		d. STREET ADDRESS (If rural, give location) <u>2446 Charlack Ave.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ABBIE</u>	b. (Middle)	c. (Last) <u>FINKE</u>	4. DATE OF DEATH (Month) <u>9</u> (Day) <u>27</u> (Year) <u>51</u>
-------------------------------------	-------------------------	-------------	------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-12-1878</u>	9. AGE (In years last birthday) <u>72</u> (Months) <u>9</u> (Days) <u>15</u> (If under 1 year: Hours) <u></u> (Min.) <u></u>
----------------------	-------------------------------	---	------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X X X X X X X X</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Mathew Caveen</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Wright</u>	14. NAME OF HUSBAND OR WIFE <u>George Finke</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO X X X X X X X X</u>	16. SOCIAL SECURITY NO. <u>None x x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annetta Crain</u>	ADDRESS <u>2446 Charlack Ave</u>
--	---	--	----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>	DUE TO (b) <u>Hypertensive cardiovascular disease</u> <u>4201</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Sept 1946 to Sept 1951, that I last saw the deceased alive on 9-26, 1951, and that death occurred at 4 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Shaw</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Overland, Mo.</u>	23c. DATE SIGNED <u>9-27-51</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-1-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., MO.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9-29-51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <u>Jay B. Smith Funeral Home 7456 Manchester Maplewood 17, 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 _____

Licensed Embalmer No. _____

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.