

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35025**
8661
 Registrar's No. _____

FILED OCT 23 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
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>Madison</u> 8120	
c. LENGTH OF STAY (in this place) <u>8 hours</u>		d. STREET ADDRESS (If rural, give location) <u>1723 Second Street</u> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Kathryn</u>	c. (Last) <u>Finke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 7 - 1884</u>	9. AGE (In years last birthday) <u>66</u>	# UNDER 1 YEAR Months _____	# UNDER 1 YEAR Days _____	# UNDER 1 MIN. Hours _____	# UNDER 1 MIN. Min. _____
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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>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Madison County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jacob Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Newes</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Finke</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Finke</u>	ADDRESS <u>Madison, Illinois</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>5-10 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V.R. Disease</u>		
	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"/>
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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) _____
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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? <u>H42X</u>
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22. I hereby certify that I attended the deceased from Sept. 28, 1951, to Sept. 28, 1951, that I last saw the deceased alive on Sept. 28, 1951, and that death occurred at 11⁰⁰ P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Launch M.D.</u> (Degree or title)	23b. ADDRESS <u>4952 Maryland</u>	23c. DATE SIGNED <u>Sept. 29, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. to Madison, Ill.</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>	24d. LOCATION (City, town, or county) (State) <u>Granite City, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>105</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Madison, Ill.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8661
1998

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John Ketter

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.