

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9934

State File No.

FILED APR 12 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2980

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2054	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 5 5935 Etzel Avenue 0	
3. NAME OF DECEASED a. (First) MOLLIE (Type or Print) / b. (Middle) RUTH c. (Last) FINGER			4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH July 17, 1906
9. AGE (In years last birthday) 45		10. MONTH (Days) 8	11. HOUR (Min.) 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Max Rich	
13b. MOTHER'S MAIDEN NAME Gussie Margulis		14. NAME OF HUSBAND OR WIFE Manuel Finger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Manuel Finger-5935 Etzel Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) XANTHOMATOUS BILIARY CIRRHOSIS INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" 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 5870			
22. I hereby certify that I attended the deceased from 3/8, 19 52, to 3/29, 19 52, that I last saw the deceased alive on 3/29, 19 52, and that death occurred at 3:00A m., from the causes and on the date stated above.			
23a. SIGNATURE C. O. Vermillion M.P.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED #2 3/29/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/31/52	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 31 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindberg, Inc-5216 Olive	

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 Peter B. Dubrionnet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights,

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.