S. No. 300
v. 10.48

FILED MAR 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 9936

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2136

1. PLACE OF DEATH

a. COUNTY: St. Clair

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

c. LENGTH OF STAY (in this place): 5 wks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri-Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Illinois b. COUNTY: St. Clair

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belleville, 8120

d. STREET ADDRESS (If rural, give location): 805 S. Jackson

3. NAME OF DECEASED (Type or Print) a. (First): ELSIE b. (Middle): M. c. (Last): FINK

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1952

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 14, 1891

9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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 (State or foreign country): Belleville, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Henry Hettenhausen

13b. MOTHER'S MAIDEN NAME: Elizabeth Brent

14. NAME OF HUSBAND OR WIFE: Adolph H. Fink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Floyd C Fink ADDRESS: Belleville, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chr. Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4221

22. *I hereby certify that I attended the deceased from* Feb 18, 1952, *to* MARCH 4, 1952, *that I last saw the deceased alive on* Mar. 3, 1952, *and that death occurred at* 3 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Carney MD

23b. ADDRESS: 906 Olive St

23c. DATE SIGNED: 3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 6, 1952

24c. NAME OF CEMETERY OR CREMATORY: Walnut Hill

24d. LOCATION (City, town, or county) (State): Belleville, Illinois

DATE REC'D BY LOCAL REG.: MAR 6 1952

REGISTRAR'S SIGNATURE: J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE: Albert B Balders ADDRESS: Belleville, Il

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Virgil A. Bergman

Licensed Embalmer No. 2697

P. O. Address Belleville Ill

Signed.....
Student Embalmer

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.