

No. 300
10-48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11348

State File No.

317

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>127</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur Rural</u>		d. STREET ADDRESS (If rural, give location) <u>73 Olive Street Road</u> <u>4730</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olive Street Road</u>				d. STREET ADDRESS (If rural, give location) <u>73 Olive Street Road</u> <u>4730</u>					
3. NAME OF DECEASED (Type or Print) <u>Margaret Fink</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH <u>Jan. 15, 1952</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>Aug. 16, 1863</u>		9. AGE (In years, last birthday) <u>88</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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Creve Coeur, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Christian Gerhardt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Zuhlman</u>			14. NAME OF HUSBAND OR WIFE <u>Jacob Dcd.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viola Ham Creve Coeur, Mo. R#2</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.0</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 11 1952 11:25 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>12/1</u> , 19 <u>51</u> , to <u>1/15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/15</u> , 19 <u>52</u> , and that death occurred at <u>11:25 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. A. Staehle</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1047 N. Adams, Ferguson</u>		23c. DATE SIGNED <u>1/16/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-17-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumgart Bros Inc.</u>		ADDRESS <u>2504 Woodson Rd - Overland - Mo.</u>			

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

Wood
1
10-48

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7

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.