

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH19371  
State File No. 5188

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5188			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue 43		4431			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 16 Dwyer Pl.					
3. NAME OF DECEASED (Type or Print)			a. (First) Martha			b. (Middle) E.			
			c. (Last) Fink			4. DATE OF DEATH (Month) (Day) (Year) 5 - 22 - 53			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH Jan. 29 1891			
				2		9. AGE (In years last birthday) 62			
						IF UNDER 1 YEAR Months 3			
						IF UNDER 1 YEAR Days 23			
						IF UNDER 1 YEAR Hours _____			
						IF UNDER 1 YEAR Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (City and State or Foreign Country) New Melle, Mo. 0			
						12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Riske			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Henry W. Fink			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry B Fink 407 Poore Lemay Ferry			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd 3rd degree burns of				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) 3/4 ths of body under clothing caught on fire while burning					
				DUE TO (c) trash at her house in yard about 230 pm. May 18 1953					
				11. 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 Accident oov				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 18 53 2:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9160					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 p.m., from the causes and on the date stated above. 16									
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 3 1300 Clark			23c. DATE SIGNED 5/23/53		
24a. BURIAL OR CREMATION REMOVAL (Specify) Removal		24b. DATE 5-25-1953		24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Co.			
DATE REC'D BY LOCAL REG. MAY 23 1953		REGISTRAR'S SIGNATURE _____			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Felix Bernard

Licensed Embalmer No. 3034

P. O. Address Northwood 222

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.