

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7303**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **290**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY <b>Meramec Township</b> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <b>10 YEARS</b>		c. CITY <b>Rural, Meramec Township # 74</b> (If outside corporate limits, write RURAL and give township) OR <b>Glencoe Mo. R#1.</b> TOWN <b>Glencoe Mo. R#1.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None, Highway # 50</b>		d. STREET ADDRESS (If rural, give location) <b>Highway # 50</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) <b>Fink</b> c. (Last) <b>Fink</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 31 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct. 16-1869</b>
9. AGE (In years last birthday) <b>84</b>		10. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo. 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>House wife</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Ferdinand Fink</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frank H. Fink</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Arthur C. Fink</b> ADDRESS <b>Glencoe Mo. R.#-1</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <b>2 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic disease</b> DUE TO (c) <b>Hypertension</b>			
	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 <b>4201</b>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 27, 1953, to Jan 31, 1954**, that I last saw the deceased alive on **Jan 22, 1954**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Henry F. Scott M.D.</b> (Degree or title)		23b. ADDRESS <b>Ballwin Mo</b>		23c. DATE SIGNED <b>Feb 1-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 2-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sappington Mo.</b>	

DATE REC'D BY LOCAL REG. <b>2-2-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home, Ballwin, Mo.</b> ADDRESS
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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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

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.