

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14669

State File No. _____

3800

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri 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) _____		c. CITY OR TOWN Done Lawn		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				e. STREET ADDRESS (If rural, give location) 2271 0 8901 Huiskamp Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Violet		b. (Middle) M.		c. (Last) Finke		4. DATE OF DEATH (Month) (Day) (Year) APR 19 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 5, 1913	
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 9 Days 15 Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Wife		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME Henry C. Kauffman		13b. MOTHER'S MAIDEN NAME Laura Mueller	
13c. NAME OF HUSBAND OR WIFE Paul F. Finke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME William Finke Sr. 1046 Done Lawn	
15. ADDRESS _____		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN ABCESS		INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) PREFRONTAL lobotomy					
DUE TO (c) _____		I. OTHER SIGNIFICANT CONDITIONS 342X					
II. OTHER SIGNIFICANT CONDITIONS _____		19a. DATE OF OPERATION APR 18 57					
19b. MAJOR FINDINGS OF OPERATION INFECTED BRAIN WOUND.		20. AUTOPSY? 2					
20. 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) APR 19 57 m. _____		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 APR 2, 1957 , to APR 19, 1957 that I last saw the deceased alive on APR 19, 1957 , and that death occurred at 2 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE George L. Houtz Jr. M.D. (Degree or title)				23b. ADDRESS 100 NE Uchid		23c. DATE SIGNED APR 21	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/20/57		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. APR 22 57		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Buell Campbell ADDRESS 165 Bellvue St.			

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
Signature of Student Embalmer

Signed *Stanley H. River*
Licensed Embalmer No. *119*
P. O. Address *St. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.