

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020397
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1392

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood 40030	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 414 Julian Pl.		d. STREET ADDRESS (If outside, give location) 414 Julian Pl.	
Length of stay in 1b 29yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph George Fink			4. DATE OF DEATH Month Day Year May 21, 1958			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscapeer		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (City and state or country) Kirkwood, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Fink			14. MOTHER'S MAIDEN NAME UNK.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 497-03-2192		17. INFORMANT Address Helen Fink, 414 Julian Pl. Kirkwood, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Primary - left colon</i>	<i>5 years</i>
	DUE TO (c) <i>Secondary - R. lung and neck</i>	<i>6 mos</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>9</i>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>153.2</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <i>1953</i> to <i>May 1958</i> and last saw <i>him</i> alive on <i>July 1, 1958</i> . Death occurred at <i>6:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Robert K. Pfitzinger</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>Hampton Village, Md. Bldg</i>	22c. DATE SIGNED <i>5/22/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>May 24, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>	23d. LOCATION (City, town, or county) (Sign) <i>Kirkwood, Mo.</i>
24. FUNERAL DIRECTOR <i>Pfitzinger Mortuary, Kirkwood, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>5-23-58</i>	26. REGISTRAR'S SIGNATURE <i>Herbert P. Dombrowski</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. Cause of death must be typed in ink or ribbon type. Write in Part I if possible.

MEDICAL CERTIFICATION

13105

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.....
Licensed Embalmer No.....
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.