S. No. 300
v. 10.48

XC-1724015
Reg. #121111
FILED SEP 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-035080

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2207

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL 36 2069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 2809 GOODFELLOW

3. NAME OF DECEASED (Type or Print)
a. (First) JAKE
b. (Middle) (NMI)
c. (Last) FINKELSTEIN

4. DATE OF DEATH (Month) (Day) (Year) 8-23-58

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 15, 1901 ~~5-12-96~~
9. AGE (In years last birthday) ~~62~~ 57
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY HAULING
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Finkelstein
13b. MOTHER'S MAIDEN NAME Augusta Waldman
14. NAME OF HUSBAND OR WIFE MOLLIE FINKELSTEIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES
(If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 490-05-1376
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VET.ADM.HOSP.RECORDS, JEFF.BRKS., MO.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) PARKINSON'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 10 YEARS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) TERMINAL BRONCHOPNEUMONIA — 2 DAYS
DUE TO (c) 350X

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
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I NA attended the deceased from* 8-22, 1958, *to* 8-23-, 1958, ~~[illegible]~~ *and that death occurred at* 6:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. OPPLER, M.D. DIRECTOR, PROF. SVCS.
23b. ADDRESS VET. ADM. HOSP., JEFF. BRKS., MO.
23c. DATE SIGNED 8-23-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/25/58
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State) University City, Mo.

DATE REC'D BY LOCAL REG. 8-24-58
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson
(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 398

P. O. Address .....

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