

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014960

STATE FILE NUMBER
2 3543

XC 20706055

SI 18023

Registration District No. 1 1959

Primary Registration District No.

Registrar's No.

300

1-57

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ALL DISEASES IN PART I MUST BE CAUSALLY RELATED. ALL OTHERS MUST BE ONLY ANATOMICAL OR HISTORICAL IN INTEREST. NO SYMPTOMS NEED BE LISTED.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		c. CITY OR TOWN ST LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		d. STREET ADDRESS (If outside, give location) 1122 LINTON	
Length of stay in lb 116 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWIN L. FINKE			4. DATE OF DEATH Month Day Year APRIL 7 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/13/06
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done in majority of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY Hartman-Walsh Paint	11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GUSTAV FINKE	13b. MOTHER'S MAIDEN NAME MATTIE CLARK	14. NAME OF HUSBAND OR WIFE ROSE FINKE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) YES WW II	16. SOCIAL SECURITY NO. 488-03-0731	17. INFORMANT Rose Finke - 1122 E. Linton Ave. VA HOSP RECORDS 915 N GRAND ST LOUIS 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) CARCINOMA OF RIGHT LUNG			INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 VA		COUNTY STATE	
21. Attended the deceased from 12/10/58 to 4/7/59 and last saw him alive on 4/7/59 Death occurred at 4:13 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ROBERT H. WILES		22b. ADDRESS I.D. VAH, ST LOUIS, MISSOURI	
22c. DATE SIGNED 4/7/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 10, 1959	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. APR 9 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

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 *Clement M. Mary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.