MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 43596

Registered No. 12917

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5340 Cote Brilliante Ave ..... St. ..... Ward)

2. FULL NAME Gus M. Finnerty

(a) Residence. No. 1 St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hannah Bunyan Finnerty

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 6 - 1866

7. AGE: Years 62 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sign Writer
(b) General nature of industry, business, or establishment in which employed (or employer): Business for self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

PARENTS

10. NAME OF FATHER: John M. Finnerty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Ellen Hopkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Hannah Finnerty
(Address) 5340 Cote Brilliante

15. FILED ..... 19 ..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12-29-28

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/29 1928

17. I HEREBY CERTIFY, That I attended deceased from January 1 - 1928, to 12-29 - 1928, that I last saw h. alive on 12/29 - 1928, and that death occurred, on the date stated above, at 3:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C (duration) 1 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY): Apoplexy Cerebral Hemorrhage (duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 908

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Joseph R. Schafer, M.D.

12/30, 19 (Address) 333 University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: Jan 2 1929

20. UNDERTAKER: Chas L Guyton
ADDRESS: 4822 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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