BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13000

791
003

1. PLACE OF DEATH
County ..... Registration District No. ..... File No. .....
Township ..... Primary Registration District No. ..... Registered No. 3554
City St Louis (No. St Luke's Hospital St. ..... Ward)

2. FULL NAME Valère Alfred Fynn
(a) Residence. No. 5054 Cabanne Ave. St. 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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 M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maybelle Hyman Fynn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1870

7. AGE 58 YEARS | MONTHS 11 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Engineer (Consulting)
(b) General nature of industry, business, or establishment in which employed (or employer) Owner
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

PARENTS
10. NAME OF FATHER Alfred Ainsworth Fynn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Catherine Avalon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

14. INFORMANT Mrs. Maybelle Fynn
(Address) 5054 Cabanne Ave

15. FILED ..... 19 29 Rex C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 11, 1929, to Mch 20, 1929, that I last saw him alive on Mch 20, 1929, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bacteriaemia Staphylococcus aureus in blood stream
(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY (SECONDARY) Chronic Sinusitis, Carbuncles, back of Neck (duration) 4 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, blood culture
(Signed) C O Bringford, M. D
Mch 22, 1929 (Address) 958 Arcade 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 Valhalla Cemetery | DATE OF BURIAL Mar 23 1929

20. UNDERTAKER Mullen Hand Co. 5165 | ADDRESS Oldman Bl.