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

Do not use this space.

28567

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. Baptist Hosp. ..... St. ..... Ward)

File No. ..... Registered No. 8472

2. FULL NAME Sarah (~~Finnell~~) Finnell

(a) Residence. No. 605a N. Vandeventer 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Finnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	9	9	

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

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

PARENTS

10. NAME OF FATHER Jacob Goodman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fanny Lebowitz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Roumania
(STATE OR COUNTRY)

14. INFORMANT Mrs. Fanny Goodman
(Address) 1422 Montclair

15. FILED AUG 26 1930 19 Max C Hanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-25, 1930, to 8-25-30, 1930 that I last saw her alive on 8-25-30, 1930, and that death occurred, on the date stated above, at 11.50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1224

Strangulated Hernia with delayed operation

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Shock.

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 605a Vandeventer
DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-25-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J H Walton, M. D
8/26, 1930 (Address) 2945 Franklin

*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	DATE OF BURIAL
Chesed Shel Emeth	8/27 1930

20. UNDERTAKER	ADDRESS
H B Berger 4715	McPherson

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.