WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 27 1932

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

Do not use this space.

20771

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6240 B Registered No. 213

City Jefferson Barracks, Mo. U.S.V.A. Hospital, Jefferson Barracks, Mo. (St. Ward)

2. FULL NAME Leo L. Finn.

(a) Residence, No. 2524-A. Arlington Ave., St. Louis, Mo. 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: 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: Mrc. Clara Finn.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1895

7. AGE: YEARS 37 MONTHS 0 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tuck Pointer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: J. J. White. 95

10. Date deceased last worked at this occupation (month and year): June 21, 1932.

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable. Missouri.

FATHER

13. NAME: John Finn.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri.

MOTHER

15. MAIDEN NAME: Berdie Cross.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri.

17. INFORMANT (ADDRESS): C. H. Smith, Clinical Director, U.S.V.A. Hospital, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Grove DATE: June 1, 1932

19. UNDERTAKER (ADDRESS): Drehmann Hurrel 1905 Union Ave

20. FILED: June 30, 1932 L. C. Obrock, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932., 19...., to June 28, 1932., 19....

I last saw him alive on June 28, 1932., 19.... Death is said to have occurred on the date stated above, at 8:20 mAM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute General Peritonitis.	
117A	
1	
117A	

Other contributory causes of importance:

Perforated Gastric Ulcer. (1)

Name of operation: Repair of Gastric Ulcer. Date of: 6-23-32

What test confirmed diagnosis? Operative-Physical & Laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gibson, Medical Officer in Charge

(Address) U.S.V.A. Hospital, Jefferson Brks, Mo.