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.

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

Do not use this space.

37555

1. PLACE OF DEATH

County ..... Registration District No. 791 [illegible]

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

City St. Louis (No. 3837, Cottage ave. St. ..... Ward)

File No. .....

Registered No. 10230

2. FULL NAME Ruby E. Finnerty

(a) Residence, No. 3837 Cottage ave St., 11 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31 1888

7. AGE: YEARS 44 | MONTHS 2 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis 1

FATHER

13. NAME: Riley W. Rankin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2

MOTHER

15. MAIDEN NAME: Belle Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Earle S. Rankin, 3837 Cottage ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla cemetery DATE: Nov. 21, 1932

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Mud Co. 2039 Wash St.

20. FILED: NOV 20 1932, 19 Max C. Harlan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to Nov 17, 1932

I last saw her alive on Oct 19, 1932. Death is said to have occurred on the date stated above, at 10:25 P.M.

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

	Date of onset
Mitral Regurgitation	Unable to say
9VA	
57H	
Other contributory causes of importance:	
Arthritis Deformans	About 8 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Peter A. Eck, M. D.

(Address) 4701 St Louis Ave.

9-11 Road