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

Do not use this space.

37789

1. PLACE OF DEATH

County ..... Registration District No. 79E

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

City St Louis (No. 4002, Cleveland Ave St. ..... Ward)

File No. .....

Registered No. 10491

2. FULL NAME John J. Finnerty

(a) Residence, No. 4002 Cleveland Ave St., 17 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: Annie Kenny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): dont know

7. AGE: abt YEARS 68 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired City Fireman

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

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): Roscommon Ireland 15

FATHER

13. NAME: Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Annie Finnerty 4002 Cleveland

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE Nov 28 32 19

19. UNDERTAKER (ADDRESS): Thomas J Finan 1517 S Grand Blvd

20. FILED NOV 27 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to 11 - 20 -, 1932

I last saw him alive on Nov 20, 1932 Death is said to have occurred on the date stated above, at 10:30 p m.

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

	Date of onset
Chronic myocarditis	
with acute exacerbation	Uncertain
59	
7/30	
159	
59	

Other contributory causes of importance:

Diabetes mellitus	1928
Enlarged prostate	Uncertain

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

What test confirmed diagnosis? E.K.G. 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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) 1117 N Grand

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

MARGIN RESERVED FOR BINDING

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.