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

Do not use this space.

42489

1. PLACE OF DEATH

County ..... Registration District No. 791

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

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

File No. .....

Registered No. 11628

2. FULL NAME Albert William Finegan

(a) Residence, No. 700 S. Bivay St., 22 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1868

7. AGE: YEARS 64 MONTHS 4 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco Railway
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 10 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

FATHER
13. NAME Michael Finegan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
15. MAIDEN NAME Mary ~~Reilly~~ Finegan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Chas. Finegan 3440 Delor St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Bur. Pk. DATE 12-29 1932

19. UNDERTAKER (ADDRESS) Witt Bros. Lt. Co. 2829 S. Jefferson Av.

20. FILED DEC 28 1932 19 Max C. Harkey Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Shock & Injuries
Fractured Neck
recieved when Jumping
from Window

Date of onset

Other contributory causes of importance:

169 Suicide

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

What test confirmed diagnosis? ..... 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 12-26, 1932

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

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

Manner of injury Jumped from Window

Nature of injury Fractured Neck

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

If so, specify .....

(Signed) [signature], M. D.

(Address) Deputy Coroner

12/28/32

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.

V. S. NO. 2