

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

Do not use this space.

41899

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **003**
 City St Louis (No. St Anthonys Hospital St. Ward)

File No.
 Registered No. **10942**

2. FULL NAME

Patrick J Finan

(a) Residence, No. 2610 Alhambra St., 17 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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) Feb 23-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 9 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisher meat co
 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

FATHER
 13. NAME Peter Finan

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

MOTHER
 15. MAIDEN NAME Mary Burke

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

17. INFORMANT Thomas Finan (ADDRESS) 2610 Alhambra Cal

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabray DATE Dec 23rd 1933

19. UNDERTAKER Arthur J. Donnelly & Co (ADDRESS) 3840 Broadway

20. FILED 21 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1928, to Dec 19 1933
 Last saw h. alive on Dec 19 1930 Death is said to have occurred on the date stated above, at 9 P. m.

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

Cirrhosis Hepatitis

Chronic Myocarditis

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) H. J. Doyle M. D.
 (Address) 2318 Washington St.

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.

JAN 26 1934

10m Mr. J. Douglas

2313 2nd St. N

ca 2526