

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.

DEC 12 1935

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

Do not use this space.

791
1008

38028

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. U.S. Marine Hospital, 3640 Marine Ave. St. 10 Ward)

File No.
Registered No. 10040
St. 10 Ward

2. FULL NAME Edward Finn

(a) Residence, No. 3325 North 9th Street St. 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 Elizabeth Finn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 2 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor on WPA Project.
10. Date deceased last worked at this occupation (month and year) Nov. 26, 1935 11. Total time (years) spent in this occupation. Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

FATHER
13. NAME Edward Finn

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

MOTHER
15. MAIDEN NAME Nancy Trigg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT (ADDRESS) ITS Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 2 1935

19. UNDERTAKER (ADDRESS) Walt Kelly's Pharmacy and Sundry 1161 East Fair St

20. FILED NOV 29 1935 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935 1935 to Nov. 29, 1935 1935

I last saw him alive on Nov. 29, 1935 1935 Death is said to have occurred on the date stated above, at 6:56 A.M.

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

Erysipelas Date of onset Nov. 25, 1935

Other contributory causes of importance:

Acute myocarditis Nov. 29, 1935
Acute nephritis cause Unknown

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No
and laboratory

23. If death was due to external causes (violence), fill in also the following: No
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) C. R. Charlton, A. Burg. (H) JUSPHS M. D.
(Address) U. S. Marine Hospital, St. Louis, Mo.

