

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

Do not use this space.

JUL 14 1936

**791
1003**

24909

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City **St. Louis, Mo.** (No. **5367 Pershing Avenue**) St. Ward)

File No.....
Registered No. **6565**

2. FULL NAME Calvin Benjamin Finch

(a) Residence, No. **5367 Pershing Avenue** St. **17** Ward. (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 (*writes the word*) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 10, 1858**

7. AGE YEARS **77** MONTHS **9** DAYS **18** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **RR Engineer**

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) **Massachusetts**

13. NAME **Egson Finch**

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) **Massachusetts**

15. MAIDEN NAME **Eliza Jane Benjamin**

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) **Massachusetts**

17. INFORMANT **Lois A. Finch** (ADDRESS) **5367 Pershing Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pana, Illinois** DATE **July 1st 1936**

19. UNDERTAKER **ALBERT H. HORPE INC.** (ADDRESS) **429 N. Euclid Avenue**

20. FILED **JUN 29 1936** **J. J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from

191... to **June 28**, 1936
I last saw him alive on **June 26**, 1936. Death is said to have occurred on the date stated above, at **9:15 A.M.**

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

Myocardial degeneration Date of onset **5 yrs.**
Thrombosis femoral artery **6-1-36**
Gangrene R. foot. **6-4-36**
Other contributory causes of importance
Senility
930

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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? **Yes**
If so, specify.....
(Signed) **W. J. ...**, M. D.
(Address) **5427 Belmont**

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. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

Rev. Prof. Dr. ...
5427 Dehman

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