

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.

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County .....

Registration District No. ....

791

48919

Township .....

Primary Registration District No. ....

1008

File No. ....

9344

City St. Louis, Mo.

(No. De Paul Hospital)

Registered No. ....

St. ....

Ward) .....

2. FULL NAME

(Stillborn) Finley

(a) Residence, No. 7023 Amhurst, University City Ward. NR  
(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

Sept. 5th, 1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

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

None

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, Mo.

FATHER

13. NAME Alexander Finley

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

Kansas

MOTHER

15. MAIDEN NAME Ruth Nettekoven

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

Kansas

17. INFORMANT (ADDRESS) 7023 Amhurst, University City  
Alexander Finley

18. BURIAL, CREMATION, OR REMOVAL

PL. Memorial Park DATE 9/10/36

19. UNDERTAKER (ADDRESS)

Tranvagh Inc. Co.  
3710 N. Grand Blvd.

20. FILED

SEP 10 1936  
J. H. Bredeck  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1936 to Sept 5, 1936

I last saw her alive on ..... 19..... Death is said

to have occurred on the date stated above, at 6:20 p.m.

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

Still Born  
Prematurity (7 mos)

Other contributory causes of importance:  
Hypertension, Toxemia of pregnancy (Methy)

Name of operation ..... Date of .....  
What test confirmed diagnosis clinical 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? .....  
If so, specify

(Signed) L. M. Royd an M. D.  
(Address) L. M. Royd an

