

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

Do not use this space.

1. PLACE OF DEATH

County

FEB 8 1937

Registration District No.

Township

Primary Registration District No.

City St. Louis, (No. St. Anthony Hospital /)

File No. 4315
Registered No. 1379
St. Ward

2. FULL NAME Hugh F. Finegan

(a) Residence, No. 3937 Iowa Ave. St. 24 Ward. 1
(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 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) Apr. 1, 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith. 24

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) St. Louis, Mo. /

FATHER 13. NAME James Finegan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

MOTHER 15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

17. INFORMANT Thomas Finegan
(ADDRESS) 3937 Iowa Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 1, 1937

19. UNDERTAKER J. H. Stephens & Co.
(ADDRESS) 2842 Meramec St.

20. FILED JAN 31 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937 to Jan 28, 1937

I last saw him alive on Jan 28, 1937 Death is said to have occurred on the date stated above, at 8:30 P. m.

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

chronic atherosclerotic heart disease
hypertension
pericarditis acute

Other contributory causes of importance:
pericarditis acute

Name of operation repairing hernia date of 1-26-37
What test confirmed diagnosis? exam. 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? No.
If so, specify _____

(Signed) E. E. Hughes M. D.
(Address) 29017 Clapperton

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.

10/10/10