SEP 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township
City Clayton (No. St Louis Co Hosp St. Ward)
Registration District No. 790
Primary Registration District No. 60339
File No. 31820
Registered No. 301

2. FULL NAME Raymond Ardell Finch
(a) Residence, No. 1616 So. Hanley Rd Ward.
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-37
7. AGE: YEARS | MONTHS 3 | DAYS 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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) Clayton Mo.

FATHER
13. NAME Raymond Finch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Ill.

MOTHER
15. MAIDEN NAME Mildred Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tulsa Okla.

17. INFORMANT (ADDRESS) Gladys Finch 1616 Hanley Rd
18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 9-2-1937
19. UNDERTAKER (ADDRESS) J C Lewis Webster Groves
20. FILED 9/2 1937 Dr A J Loguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	—
11 P.M.	

Other contributory causes of importance:
Acute Enteritis

Name of operation Laparotomy Date of 8/2/37
What test confirmed diagnosis? Autopsy 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? No
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner St Louis County

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.