

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

23489
Do not use this space.

6183

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dennis Finnegan 525
(a) Residence, No. 3847a Kennerly Ave. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 68 1 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attendant
9. Industry or business in which work was done, as saw mill, bank, etc. City Sanitarium
10. Date deceased last worked at this occupation (month and year) 2-21-38 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Ireland
13. NAME John Finnegan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Ireland
15. MAIDEN NAME Bridgett Diffely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Ireland

17. INFORMANT John B. Varner M. D.
(ADDRESS) 5400 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE July 12, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. W. McLaughlin
2301 Lafayette ave
20. FILED JUL 11 1938 J. B. Bredeh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, 19....., to July 10, 1938, 19.....
I last saw him alive on July 9, 1938. Death is said to have occurred on the date stated above, at 3.11 A. M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia 7-7-38

Other contributory causes of importance:
Non-United Fracture left Femur 2-21-38
Chronic Nephritis 7-1-38-x
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-7-1936
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
City Sanitarium
Manner of injury fell in hall of Sanitarium while on duty
Nature of injury fracture of left femur

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) John B. Varner, M. D.
(Address) City Sanitarium

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.

50M-2-38 I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Paul A Keith

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Paul A Keith

Licensed Embalmer No. *3612*

P. O. Address *2301 Lafayette ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.