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.

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

791
1003

4884
Do not use this space.

DEC'D MAR 13 1939

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City Saint Louis
Registration District No.
Primary Registration District No.
Registered No. 1577
(d) Street No. St. Marys Infirmary 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 56 yrs. 20 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 524 Josephine Hill Finklea
(a) Residence, No. 2606 Glasgow Avenue St. 20
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ ~~HUSBAND OR~~ (OR) WIFE OF Lee Finklea
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1882
7. AGE: YEARS 56 | MONTHS 2 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri

FATHER
13. NAME Randolph L. Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Virginia

MOTHER
15. MAIDEN NAME Cecelia Matthews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable West Virginia

17. INFORMANT (ADDRESS) Lee Finklea 2606 Glasgow Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 19, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107 Finney Avenue
20. FILED FEB 17 1939 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1938, to February 15, 1939
I last saw her alive on February 15, 1939 Death is said to have occurred on the date stated above, at 10:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	12/12/38
93C	

Other contributory causes of importance:

Hypo static Pneumonia unspecified	2/13/39

Name of operation — Date of
What test confirmed diagnosis? Physical & Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Stephen Vezeau (VEZEAU), M. D.
(Address) 3202a Park Avenue

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

James A. Johnson, Registered Apprentice No.....

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

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