

FEB 17 1939

REC'D MAR 9 1939

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

7752
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2
(b) Township Ferguson, Mo. Primary Registration District No. 1
(c) City Ferguson (d) Street No. 132 Adele Ave. Ferguson, Mo. 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 ZACHARIAH T. FINNEY

(a) Residence, No. 132 Adele Ave., Ferguson, Mo (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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesburg, Mo.

FATHER 13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Howard L. Finney Sr.
(ADDRESS) 134 N. Clay, Ferguson

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Feb. 18, 1939

19. FUNERAL DIRECTOR A. L. Green
(ADDRESS) 2707

20. FILED 19 FEB 17 1939
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-10-1938 to 2-16-1939
I last saw him alive on 2-16-1939 at 12.50 p.m. Death is said to have occurred on the date stated above, at _____ m.

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

Chor Myocarditis
131
Date of onset 1935

Other contributory causes of importance:
Chor Bronchitis 1930
Chor Myocarditis 1934
Arteriosclerosis 1920

Name of operation none 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? no
If so, specify _____
(Signed) Roy Johnson, M. D.
(Address) Ferguson Mo

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.

1 x12004

STATEMENT BY LICENSED EMBALMER

Paul A. Krollenberg

Licensed Embalmer No. *2631*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Paul A. Krollenberg*

Licensed Embalmer No. *2631*

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.)