

REC'D JUN 12 1939

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

16734

Do not use this space.

4268

## 1. PLACE OF DEATH

(a) County..... / Registration District No..... 791  
(b) Township..... / Primary Registration District No..... 1008  
(c) City..... St. Louis / (d) Street No..... City Hospital No. 1 ..... 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.

D. 18631

## 2. PRINT FULL NAME

525

Thomas Finnegan

(a) Residence, No. 1616 South 12th St. [23] (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 3 0

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

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

13. NAME John J. Finnegan

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

15. MAIDEN NAME Ann Bowe

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE MAY 10, 1939

19. FUNERAL DIRECTOR (NAME) E. J. Schmur (ADDRESS) 3125 Lafayette St. av.

20. FILED MAY 8 1939 J. J. Buelch Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/22/39 to 5/6/39, 19.

I last saw him alive on 5/6/39, 19. Death is said to have occurred on the date stated above, at 10 p.m.

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

cerebral thrombosis  
hypertensive heart disease

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) Edward Weiss, M. D.

(Address) City Hospital No. 1

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

Signed.....

*Jose B. Hollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 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.**