

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

16809

Do not use this space.

1. PLACE OF DEATH

REC'D JUN 12 1939

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. City Hospital No. 1 St.
 (If death occurred in hospital, 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.

Registered No. **4343**

2. PRINT FULL NAME

525 Joe Finnegan
 (a) Residence, No. Auditorium Hotel 21 205 No 18th St
 (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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 6 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance
 9. Industry or business in which work was done, as saw mill, bank, etc. Salafian
 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) ? Texas

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE May 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peeetz Brothers
3029 Lafayette Ave

20. FILED MAY 9 1939 J. B. Budach
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7/39 19

22. I HEREBY CERTIFY, That I attended deceased from 4/15/39 19, to 5/7/39 19,
 I last saw him live on 5/7/39 19. Death is said

to have occurred on the date stated above, at 8:55 a
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

Other contributory causes of importance:

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?..... 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) William Apsin, M. D.
 (Address) City Hospital No. 1

WHITE 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.

I X15603

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 Frank J. Queens

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo

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.