

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

NOV. 2-17-39  
I X19811

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34639**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **9177**

1. PLACE OF DEATH: **1003 1/2 NOV 13 1939**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Alexian Bro Hosp**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 hrs.**  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Clarence C Finn 500**  
 8. (b) If veteran, name war **Nil** 8. (c) Social Security No. **Nil**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive **?** years  
 7. Birth date of deceased **April 4th 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**58 6 20** hr. min.

9. Birthplace **St. Louis Mo 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Plumber**

11. Industry or business **Plumbing Business**

MOTHER FATHER  
 { 12. Name **Michael J Finn**  
 { 13. Birthplace **?** **Ohio**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Julia Tierney**  
 { 15. Birthplace **Unknown U.S.A.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Edwin G Finn**  
 (b) Address **3846 S. Main St.**

17. (a) **Burial** (b) Date thereof **Oct 27th.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Sunset Burial Pk**

18. (a) Signature of funeral **Harrigan & Sheahan Und 00**  
 (b) Address **4415 Washington Blvd.**

19. (a) **OCT 27 1939** (b) **J. B. Budick**  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **St. Louis**  
 (c) City or town **St. Louis Rural** **NR**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **201 E. Etta Ave Lemay**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. **No Physician in Attendance** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24th** day **Oct**  
 year **1939** hour **2:33** minute **0** P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Internal Injuries**  
**Laceration of right lung, subarachnoid hemorrhage of brain when the car in which he was driving made left turn in front of a car due to driver by one Joseph Vatterotti at Lindbergh Highway & adjacent**  
 Other conditions **Drive about 1:45 P. M. October 24th 1939**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy **2:10 PM**  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Accident**  
 (b) Date of occurrence **October 24th 1939**  
 (c) Where did injury occur? **St. Louis County**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In Public Place**  
(Specify type of place) (Means of injury)

23. Signature **Joseph M. ...**  
 Address **Deputy ...**

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**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

*Homer W. Fritz*  
.....  
Licensed Embalmer No. *3882*

P. O. Address.....

**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.**