. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40893

Registration District No. 7911 Primary Registration District No. 1000 Registrar's No. 10664

**1. PLACE OF DEATH:**

(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: Bethesda Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days. (Specify whether

In this community 2 months - 9 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")

(d) Street No. 2651 Shenandoah (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dolores Finazzo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 16 (Day) 1940 (Year)

8. AGE: Years | Months 2 | Days 9 | If less than one day hr. min.

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

10. Usual occupation 1

11. Industry or business 0

FATHER
12. Name Anthony Finazzo
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Lillian Hohn
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant mother - Lillian Finazzo

(b) Address 2651 Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gebken Liv. & Und. Co

(b) Address 2630 Gravois

19. (a) DEC 28 1940 (Date received local registrar) (b) J. F. Bredevich (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 26 year 1940 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 12-21-40, 19, to 12-26, 1940 that I last saw her alive on 12-25-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Abscess lung (lips)

Due to Probably "cold" 3 wks before

Due to

Other conditions Abscess ruptured (Include pregnancy within 3 months of death) 12-21-40 causing pneumothorax

Major findings:
Of operations

Of autopsy Large lung abscess with pneumothorax

Duration

PHYSICIAN

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~)

Address 4660 Maryland Date signed 12/21/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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