

Registration District No. 791

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1541 A. REAR. N. 8TH ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 45 YR. 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES P. FINN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ANNA FINN 6. (c) Age of husband or wife if alive 27TH 1864 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 27 — hr. — min.

9. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

10. Usual occupation RETIRED

11. Industry or business PLUMBER LABORER

12. Name JOHN FINN

13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

14. Maiden name MARY KEENEHAN (City, town, or county) (State or foreign country) 4

15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

16. (a) Informant Mary Finn Ackerman

(b) Address 720 Alexander St

17. (a) BURIAL (b) Date thereof JUL 26-41 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY BROCKLAND

18. (a) Signature of funeral director 1827 HOGAN ST.

(b) Address 1827 HOGAN ST.

19. (a) JUL 25 1941 (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1541 A. REAR N. 8TH ST 26
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country IRELAND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24TH
year 1941 hour 11³⁰ minute 4 A. M.

21. I hereby certify that I attended the deceased from Feb 15 1941 to death, July 24 1941
that I last saw him alive on July 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Amale gangrene involving right foot
Due to General arterio-sclerosis
Due to CA

Other conditions (Including pregnancy within 3 months of death)
Hemiplegia due to cerebral hemorrhage

Major findings of operations
CA
Of autopsy CA

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Edwin Sauter, M.D. (M. D. or other) D
Address 5189 Enright Ave. Date signed 7-24-41

Duration

5 months

3 1/2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Gay W Wilkins

Licensed Embalmer No..... 3575

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, fact should be so stated above.