

FILED OCT 27 1941

Registration District No. 78194

Primary Registration District No. 109

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Victoria Finney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Finney

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 16, 1866
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>75</u>	<u>0</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Motley

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

14. Maiden name Debora

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

16. (a) Informant Henry Finney

(b) Address 3120 Easton

17. (a) Burial (b) Date thereof 9/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 15 1941 (b) C. H. Mc Larson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 3120 a Easton
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1941 hour 6.00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 10
1940 to Sept 13 1941

that I last saw her alive on Sept 13
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Hypostatic pneumonia

Due to _____

Due to Endocarditis & Hypotension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 109:1

Of autopsy _____

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) (Name of injury)

23. Signature Fred W. [illegible] (M. D. or other) MD

Address 3201 Washington Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Henry Eynak

Licensed Embalmer No.....

1284

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, fact should be so stated above.