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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

Registration District No. 154

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32660

Primary Registration District No. 200

Registrar's No. 2013

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veteran Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 6/17/41 (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3503 Franklin Avenue
(If rural, give location)

(e) Citizen of foreign country? – (Yes or No)

If yes, name country –

3. (a) PRINT FULL NAME August L. Finley

3. (b) If veteran, name war World

3. (c) Social Security No. 495-12-7911

4. Sex male

5. Color or race Negro

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

6. (b) Name of husband or wife Blanche

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January (Month) 6th (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
49	8	23	hr. min.

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

10. Usual occupation Labor

11. Industry or business –

FATHER
12. Name James Finley
13. Birthplace (City, town, or county) Ala (State or foreign country)

MOTHER
14. Maiden name Emma Perkins
15. Birthplace (City, town, or county) Ala (State or foreign country)

16. (a) Informant M. Dahlig Rud
(b) Address Clinical Clerk, VAF, JEFF. BK Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/41 (Month) (Day) (Year)

(c) Place: burial or cremation National Jeff Brks

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) OCT 3 - 1941 (Date received by local registrar) (b) R. G. McCrackin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29th year 1941 hour 7:22 minute p. M.

21. I hereby certify that I attended the deceased from June 17th 1941, to Sept 29th 1941; that I last saw him alive on Sept 29th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Hypertensive and coronary arterio-
Due to sclerotic heart disease, cardiac
enlargement, myocardial damage,
Due to mitral valve damage and myo-
cardial insufficiency. About 3 years

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations –

Of autopsy No autopsy

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) no

(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 Lee M. Cochran, M.D. (M. D. or other)
Address Chief Medical Officer. Date signed 9/30/41

(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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.