37
S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25831

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6837

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Mo (b) County 17

(c) City or town St Louis 20 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2934a Montgomery St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Baby Finch, Sandra Jean

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 0

6. (b) Name of husband or wife James Finch

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 8 (Month) 9 (Day) 42 (Year)

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name James Finch
13. Birthplace Jackson County ILL/ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Gregry
15. Birthplace Jackson County ILL/ (City, town, or county) (State or foreign country)

16. (a) Informant James Finch
(b) Address 2934a Montgomery St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8- 14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St Louis Ave

19. (a) AUG 14 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13, year 1942 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from August 9, 1942, to August 13, 1942; that I last saw her alive on August 13, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Common duct obliteration congenital

Due to Prematurity

Due to

Other conditions 157
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature C. J. Meeker (M. D. or other)

Address 1515 Lafayette Ave. Date signed 8/13/42

(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.....

Was Not EmBalmed, Registered Apprentice No.....,

working under my personal supervision.

Signed Chas. J. Goodhart

Licensed Embalmer No.....

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.