

S. No. 2
DM-542
v. 5-17-39
X32873

31937

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **9000**

FILED NOV 6 1942 18

Registration District No. Primary Registration District No.

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
2-WKS.

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9 17

(d) Street No. 4211 Flad Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Finn Jr.

3. (b) If veteran, name war World War

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1942 hour 2-30 minute 0 A. M.

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced S.0

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

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

21. I hereby certify that I attended the deceased from Oct. 18 1942 to Oct. 29 1942
that I last saw him alive on Oct. 25 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased Unk., Unk., 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 Unk. Unk. ..hr. ..min.

Immediate cause of death, Carcinomatous, originating in left kidney

Due to.....

Due to.....

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

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

10. Usual occupation Machinist

11. Industry or business Police Dept.

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name William J. Finn

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

14. Maiden name Catherine Murray

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

16. (a) Informant Mr. William J. Finn

(b) Address 4211 Flad Ave.

17. (a) Burial (b) Date thereof 10-31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur J. Donnelly
3840 Lindell Blvd.

(b) Address.....

19. (a) Oct 29 1942 (b) J. F. Bruck
(Date received local report) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Robt T. Lyland (M. D. or other)
Address 3801 Park Ave Date signed 10-29-42

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell Blvd*

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.