

**FILED FEB 10 1943**  
**84**

Registration District No. \_\_\_\_\_

Primary Registration District No. **100**

**9600**

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

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **Normandy**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Villa St. Louise**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 yrs.**  
(Specify whether years, months or days)  
 In this community **43 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Normandy**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Sister Adilla Finnegan**

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **F.** **5. Color or race** **White** **6. (a) Single, widowed, married,** **0** **divorced.** **Single**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_ **alive** \_\_\_\_\_ **years**

**7. Birth date of deceased** **December** **1869**  
(Month) (Day) (Year)

**8. AGE:** Years **73** Months **1** Days **?** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Utica** **New York**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Religious**

**11. Industry or business** **Daughter of Charity St. V**  
**Dep.**

**12. Name** **Michael Finnegan**

**13. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Julia Ward**

**15. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Sister Leonie**

**(b) Address** **Villa St. Louise**

**17. (a) Burial** **(b) Date thereof** **1 - 8 - 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Marillac**

**18. (a) Signature of funeral director** **Cullen & Kelly**

**(b) Address** **7267 Natural Bridge**

**19. (a) JAN 8 - 1943** **(b) Dr. Mc Garrison**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Jan** day **6**  
year **1943** hour **2** minute **45 PM**

**21. I hereby certify that I attended the deceased from** **Sept 18** **1943** **to** **Jan 6** **1943**  
that I last saw her alive on **Jan 5** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **General Arteriosclerosis & Hypertension**

Due to \_\_\_\_\_

Other conditions **1**  
(Include pregnancy within 3 months of death)

Major findings: **gpa**  
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?** \_\_\_\_\_

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

**23. Signature** **Dr. Mc Garrison** (M. D. or other) **MD**

**Address** **7301 Natural Bridge** **Date signed** **1-7-43**

**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 Clement McManis

Licensed Embalmer No. 3732

P. O. Address St. Louis

**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.

EMBI - 11/14/14