U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8275

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2275

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

1. PLACE OF DEATH:
(a) County: ST LOUIS
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips
ENROUTE TO HOSPITAL 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: ABOUT 1 YEAR

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 003 13 4 21
(c) City or town: ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 202 N JEFFERSON AVE. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MOORMAN L. FINNIE
3. (b) If veteran, name war: NO
3. (c) Social Security No. 521-09-8142
4. Sex: Male
5. Color or race: Col
6. (a) Single, married, widowed, divorced: Married
6. (b) Name of husband or wife: ANNIE MAE FINNIE
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: Dec. (Month) 10 (Day) 1904 (Year)
8. AGE: Years 38 Months 2 Days 28 If less than one day hr. min.
9. Birthplace: SUMMERVILLE (City, town, or county) TENN (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: CENTURY ELECTRIC CO.
12. Name of father: DAVE FINNIE
13. Birthplace of father: SUMMERVILLE (City, town, or county) TENN. (State or foreign country)
14. Maiden name of mother: LAURA LEWIS
15. Birthplace of mother: SUMMERVILLE (City, town, or county) TENN. (State or foreign country)
16. (a) Informant: ANNIE MAE FINNIE.
(b) Address: 202 N JEFFERSON AVE.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation: SOMMERVILLE TENN.
18. (a) Signature of funeral director: ELLIS FUN. HOME
(b) Address: 2820 ST LOUIS ST.
19. (a) MAR 9 1943 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8TH year 1943 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...
that I last saw h... alive on ....., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic Subdural Hemorrhage
Due to: Could not be Determined
Due to:
Other conditions (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): Open Verdict
(b) Date of occurrence: 3-8-43
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown
While at work? (Specify type of place) (e) Means of injury: Unknown
23. Signature: Alfred Harris (M. D. or other)
Address: Date signed 3/9/43

(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~~ L Boy

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boyd

Licensed Embalmer No. 2146

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.