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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 19 1943 818

State File No. 3360

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

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2725a Howard St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 20
(a) State Missouri (b) County .....
(c) City or town St. Louis, Mol
(If outside city or town limits, write "RURAL")
(d) Street No. 2725 a Howard St.
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Samuel J. Finch
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widower 2
6. (b) Name of husband or wife Ellen deceased 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 28 (Day) 1872 (Year)

8. AGE: Years 70 Months 7 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER
12. Name Unknown Unknown 9
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown Unknown 9
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Catherine Finch
(b) Address 2725a Howard St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) APR 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 9
year 1943 hour 5 minute 45 AM
21. I hereby certify that I attended the deceased from Mch 15 1943, to Apr. 8 1943,
that I last saw him alive on Apr 9 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations .....
Of 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) .....
(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 T. J. K. [illegible] (M. D. or other)
Address 4503 Washington Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

2-5
Dr Kemp
4503 Washington

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.