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 FORM-2-43
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19562

State File No. _____

FILED JUL 13 1943 18

1003

Registrar's No. 6052

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution, 17 Days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Martin Finnigan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased April 6, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Retired (Dun & Bradstreet)

12. Name Michael Finnigan

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

14. Maiden name Cecelia O'Dowd

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

16. (a) Informant Cecelia Finnigan

(b) Address 2551 N. Market St.

17. (a) Burial (b) Date thereof 7/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUL 2 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2551 N. Market
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1,
 year 1943 hour 4:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to July 1, 1943

that I last saw him alive on July 1, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions: Tuberculosis of spine
(Include pregnancy within 3 months of death)

Major findings: Osseous abscess

Of operations _____

Of autopsy _____

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)
 (e) Means of injury _____

23. Signature Dany J. ... (M. D. or other) 1943
 Address 1515 Lafayette Avenue Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

William Eynck

Licensed Embalmer No.....

1284

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.