U. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 - 1943

Registration District No. 918

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29919

Registrar's No. 8474

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: BARNES HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Fayette
(c) City or town Vandalia "N.R.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Nellie Finley
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Finley
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Jan. 19 1903 (Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Fayette County (City, town, or county) / Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Henry McKinney
13. Birthplace Fayette County (City, town, or county) / Illinois (State or foreign country)
14. Maiden name Lilly Boaz
15. Birthplace Fayette County (City, town, or county) / Illinois (State or foreign country)

16. (a) Informant Carl Finley
(b) Address Vandalia, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia, Illinois
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) SEP 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24 year 1943 hour 6 minute 05 A. M.
21. I hereby certify that I attended the deceased from September 20, 1943 to September 24, 1943 that I last saw him alive on September 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Actinomycosis, Abdominal — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 F. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 9/24/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....No - Embalm.....

Licensed Embalmer No.....

P. O. Address.....

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.