

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39738

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11774

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
H.A. 34 / Sarpy Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME JOHN FINN

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased MARCH 7th 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business Public Service

12. Name Unknown Finn

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Catherine Mc Donald

(b) Address 4234 Sarpy Ave

17. (a) Calvary (b) Date thereof 12-29-43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Bruders

(b) Address 4228 St. Louis Highway

19. (a) DEC 28 1944 (b) J. F. Bruders
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1218
(If outside city or town limits, write "RURAL") 618
(d) Street No. 4234 Sarpy Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26th
year 1943 hour 4:50 minute A M.

21. I hereby certify that I attended the deceased from 7/21 1943 to 12/26 1943

that I last saw him alive on 7/24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 days

Due to Chronic nephritis ?

Due to _____

Other conditions Chronic nephritis, Scurvy
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Carlton (M. D. or other) MO

Address 3800 Anthony Date signed 12/27/43

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

MOTHER, FATHER

84x

Mr. Engel

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 *Edwin H. Mc Dermott*.....

Licensed Embalmer No. *3024*.....

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.