

FILED JUL 21 1944
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **18**
(c) City or town **VAN-BURAN** **NR.**
(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 **1**

3. (a) PRINT FULL NAME **JOHN LESLIE FINN**

3. (b) If veteran, name war **NO**
3. (c) Social Security No. **333-01-9991**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **LUCY**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **2 - 10 - 1901**
(Month) (Day) (Year)

8. AGE: Years **43** Months **5** Days **3**
If less than one day hr. _____ min. _____

9. Birthplace **ST-JAMES- MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER { 12. Name **THOMAS-FINN**
13. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **QUEEN ASHER**
15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Finn**
(b) Address **Van Buren Missouri**
(c) Date thereof **7-15-44**
(Month) (Day) (Year)

(a) Place: burial or cremation **St. John's Cem. Brentwood, Mo.**

18. (a) Signature of funeral director **Chas. E. Mercer**

(b) Address **Granite City, Ill.**

19. (a) **JUL 14 1944** (b) **J. F. Bradlock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
year **44** hour **11** minute **05 P. M.**

21. I hereby certify that I attended the deceased from **July 6**, 19**44** to **July 13**, 19**44**

that I last saw him alive on **July 13**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia** Duration _____

Due to **renal involvement**

Due to **cancer of the testes & metastases**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **as above**

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) _____
(e) Means of injury _____
While at work? _____

23. Signature **J. R. Bradley** (M. D. or other) _____
Address **BARNES HOSPITAL** Date signed **7/13/44**

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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..... *Charles C Mercer*

Licensed Embalmer No. *2988*

P. O. Address *Greene City Ill*

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.