

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7583

State File No. _____
Registrar's No. **2299**

FILED MAR 23 1945
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution:
4224a McRee Ave.
(d) Length of stay: In hospital or institution.....
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(d) Street No. **4224a McRee Ave.**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mollie Elizabeth Finley**
(b) If veteran, name war..... **Nil**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **7**
year **1945** hour **8:15** minute **P.** M.
21. I hereby certify that I attended the deceased from **II/21/44**
to **March 2, 1945**
that I last saw her alive on **March 2, 1945**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widow**
(b) Name of husband or wife **William C.C. Finley**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **January 15 1873**

Immediate cause of death.....
Congestive Heart Failure

8. AGE: Years Months Days If less than one day
72 1 22 hr. min.

Due to **Chronic Valvular Heart Disease**
Due to.....

9. Birthplace **Bond County Illinois**

Other conditions **Chronic Interstitial Nephritis**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **William Frensley**
13. Birthplace **Unknown Unknown**
14. Maiden name **Unknown Husstutler**
15. Birthplace **Unknown Unknown**

Major findings: **1/31**
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Sadie White**
(b) Address **4224a McRee Ave.**

17. (a) **Removal** (b) Date thereof **3-9-45**
(c) Place: burial or cremation **Greenville, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**

19. (a) **MAR 14 1945** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

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?.....
(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 **H. F. Williams** (M. D. or other) **OC.**
Address **2245 LEXINGTON** Date signed **3/9/45**

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

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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 Albert L. Hapke

Licensed Embalmer No. 2971

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.