

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

15113

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 9 1945

318

1003

Registrar's No. 4763

Registration District No. .... Primary Registration District No. ....

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:  
St. Louis City Hospital #1. 6  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days  
(Specify whether years, months or days)

In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4251a Olive St.  
(If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Edward Finnegan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th  
year 1945 hour 11:35 minute P. M.

21. I hereby certify that I attended the deceased from 5/27/45  
..... 19..... to..... 5/27/45 19.....

that I last saw h. im alive on 5/27/45 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death.....

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

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

7. Birth date of deceased Feb. 18 1869  
(Month) (Day) (Year)

Due to Intestinal obstruction  
undetermined cause

Due to 12

Other conditions antibiotic heart disease  
(Include pregnancy within 3 months of death)

Major findings: Simple psychosis - simple delirium

Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

8. AGE: Years Months 9 If less than one day  
76 3 hr. min.

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

10. Usual occupation Retired Plumber

11. Industry or business.....

12. Name Patrick Finnegan

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

14. Maiden name Mary Moran

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

16. (a) Informant Mrs. Sarah McCormack

(b) Address 8407 Glen Echo Drive - Norman

17. (a) Burial (b) Date thereof 5-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAY 29 1945 (b) J. F. Bredack  
(Date received) (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?.....  
(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?..... Means of injury.....

23. Signature Ellis D. Lips (M. D. or other).....  
Address 1515 Lafayette Date signed 5/28/45

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

00  
17  
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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

*Stanley Marshall*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Lindell*

**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.**