

FILED APR 8 1947

Primary Registration District No. 1003

Registrar's No. 3166

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 10 days
(Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME Reverend Edward T. Finan

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb. 10, 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Catholic Priest

11. Industry or business _____

MOTHER FATHER { 12. Name John Finan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ann Higgins Finan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Finan

(b) Address 1519 S. Grand Blvd.

17. (a) Burial (b) Date thereof 3-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 S. Grand Blvd.

19. (a) MAR 25 1947 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County and
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2047 East Grand Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1947 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from March 17 to March 22, 1947
that I last saw him alive on March 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 day

Due to Hypertensive Cardiac

Due to Vascular Renal 2 1/2

Other conditions Cerebral Hemorrhage
(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 _____ (M. D. or other) _____
Address 60716 Grand Date signed 3/24

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

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 Ray E. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis, Mo

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, above space should be left blank.