

FILED NOV 28 1947

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH: 318  
(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: Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3112<sup>a</sup> Clark Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME: HAROLD L FINLEY  
3. (b) If veteran, name war WORLD WAR II 3. (c) Social Security No.

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years  
7. Birth date of deceased Oct 9 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 0 26 ..hr. ..min.

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

10. Usual occupation unemployed

11. Industry or business  
12. Name Sonny Finley  
13. Birthplace Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name Clonch  
15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Youckem  
(b) Address 3112<sup>a</sup> Clark  
17. (a) Burial (b) Date thereof Nov 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Pl. cemetery

18. (a) Signature of funeral director Engelbert Weidtaker  
(b) Address 2931 Locust Ave  
19. (a) NOV 12 1947 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5<sup>th</sup>  
year 1947 hour 10 minute 46 E M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, wound of  
penetrating type inflicted in a  
cleaning shop 3350 S. Belle  
Ave. St. Louis 10.46.6 am  
Nov. 5 1947

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

Major findings: 164  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) homicide  
(b) Date of occurrence Nov 5 1947  
(c) Where did injury occur? at work  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? cleaning shop  
While at work? at work  
(Specify type of place) (Means of injury)  
23. Signature John Youckem (M. D. or other) 3  
Address 3112 Clark Ave Date signed 11/12/47

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

MOTHER FATHER

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 Burlison English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave.

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.