No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43013

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11723

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnard Skin & Cancer Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ohio
(c) City or town St Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 2606 Glasgow 9 (If rural give location)
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(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SALLIE FINNEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Minter Finney
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Nov (Month) 29 (Day) 1900 (Year)

8. AGE: Years 47 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Somersville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name William Taylor
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Georgia Mat
15. Birthplace (City, town, or county) Knoxville (State or foreign country)
16. (a) Informant Ethel Finney
(b) Address 2606 Glasgow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director A D Richardson
(b) Address 2625 Glasgow
19. (a) DEC 24 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1947 hour 3:00 PM minute M.

21. I hereby certify that I attended the deceased from November 21 1947 to Dec. 20 1947
that I last saw her alive on Dec. 20 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Hemorrhage from Uterine Cervix	48 hrs.
Due to Carcinoma of Uterine Cervix	9 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)
(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? (e) Means of injury

23. Signature W. L. Tomlinson (M. D. or other) O
Address Barnard Free Skin & Cancer Hosp. 3427 Washington St Louis, Mo. Date signed 12-21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J. D. Richardson

Licensed Embalmer No. 2928

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.