

FILED DEC 22 1947  
Registration District No. **19477**

Primary Registration District No. **6076**

Registrar's No. **2567**

1. PLACE OF DEATH:  
 (a) County **St. Louis**  
 (b) City or town **Koch (rural)**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Robert Koch Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **138 days**  
(Specify whether years, months or days)  
 In this community **4 years**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Mad**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1535a Market Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **FINN, JAMES EDWARD**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **December** day **11**  
 year **1947** hour **9** minute **15 P.** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Separate**  
 6. (b) Name of husband or wife **Mabel Sprotley Finn** 6. (c) Age of husband or wife if alive **??** years  
 7. Birth date of deceased **August 15 1882 (?)**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-26-1947** to **12-11-1947**  
 that I last saw him alive on **12-11-1947**  
 and that death occurred on the date and hour stated above. Duration  
 Immediate cause of death **Pulmonary Tuberculosis 19 yrs. (??)**

8. AGE: Years **65 (?)** Months **3** Days **26**  
 If less than one day hr. min.

Due to **13b**

9. Birthplace **Vienna Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Parking lot attendant**

Other conditions **13b**  
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name **Barney Finn**

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

14. Maiden name **Melinda Orton**

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

16. (a) Informant **Hospital Records**

(b) Address **Robert Koch Hospital**

17. (a) **BURIAL** (b) Date thereof **12-14-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VIENNA MO**

18. (a) Signature of funeral director **Rowland Mortuary**

(b) Address **4355 WASHINGTON AV**

19. (a) **12-12-47** (b) **Robert Koch Hospital**  
(Date received local registrar) (Registrar's signature)

Major findings:  
 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).....

(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)

23. Signature **William A. Honer** (M. D. or other) **MD**  
(Specify type of place) (Means of injury)

Address **Robert Koch Hospital** Date signed **12-12-47**

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

MOTHER FATHER

JAN 6 1948

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.....

*Law M. Simon*

Licensed Embalmer No.....

*04343*

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, fact should be so stated above.