

National Office of Vital Statistics  
**FILED MAY 15 1948**  
Registration District No. **318**

Primary Registration District No. **1003**

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

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: **4078 Holly Hills**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**  
 (c) City or town..... **St. Louis** **17**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4078 Holly Hills** **9**  
 (If rural, give location) **0**  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **PATRICIA FINNEGAN**  
 3. (b) If veteran, name war..... **None**  
 3. (c) Social Security No. **None**  
 4. Sex **Female** 5. Color or race **White**  
 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. 25 1937**  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**  
 year **1948** hour **6:00** minute **A. M.**  
 21. I hereby certify that I attended the deceased from **May 15 1947** to **May 7 1948**  
 that I last saw her alive on **May 6 1948**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Status Epilepticus.**  
**Explicitly Grand Mal Epil.**  
 Duration **1 day**

8. AGE:

Years	Months	Days	If less than one day
<b>11</b>	<b>2</b>	<b>12</b>	..... hr. .... min.

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death) **85**

9. Birthplace..... **St. Louis Mo.**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **None**

11. Industry or business.....  
 12. Name **Reilly E. Finnegan**  
 13. Birthplace **Rock Island Ill.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Marie Callahan**  
 15. Birthplace **St. Louis Mo.**  
 (City, town, or county) (State or foreign country)

PHYSICIAN

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

Underline the cause of which death should be charged statistically.

16. (a) Informant **Reilly E. Finnegan**  
 (b) Address **4078 Holly Hills**  
 17. (a) **Burial** (b) Date thereof **5-8-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation **Resurrection Cem.**  
 18. (a) Signature of funeral director **Kriegshauser Und. Co.**  
 (b) Address **4228 So. Kingshighway Bl.**  
 19. (a) **MAY 7 1948** (b) **J. P. Bradesch**  
 (Date received local Registrar) (Registrar's signature)

23. Signature **J. P. Bradesch** (M. D. or other) **0**  
 Address **4755 Morganford** Date signed **5/7/47**

47302  
Dobson & Morganfield 1-4

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.