

FILED JUN 21 1948 318

Registration District No.

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

20851

5217

Registrar's No.

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: 5861 D Cates Ave. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME JENNIE S. FINNEGAN3. (b) If veteran,
name war..... None

3. (c) Social Security No.

4. Sex..... Female
 5. Color or race..... White
 6. (a) Single, widowed, married,
divorced..... Widow 2
 6. (b) Name of husband or wife..... Late Frank
 6. (c) Age of husband or wife if
alive..... years
 7. Birth date of deceased..... Feb. 9 1863
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>3</u>	<u>27</u> hr. min.

9. Birthplace..... Brooklyn N. Y. 1
(City, town, or county) (State or foreign country)10. Usual occupation..... Housework

11. Industry or business

12. Name..... Bernard J. O'Reilly
 13. Birthplace..... Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Ellen Fitzgerald
 15. Birthplace..... Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Charles J. Finnegan(b) Address..... 5890 Cates Ave.17. (a) Removal (Rail) (b) Date thereof..... 6-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Louisville, Ky.18. (a) Signature of funeral director..... Kriegshauser Und. Co.(b) Address..... 4228 So. Kingshighway Bl.19. (a) JUN 7 1948 (b) J. F. Break
(Date received local registrar) (Registrar's signature)

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..... 5890 Cates Ave. 5
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 6
year..... 1948 hour..... 9:00 minute..... A.M.21. I hereby certify that I attended the deceased from..... 8-3 1948 to..... 8-6 1948
that I last saw her alive on..... 5-20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... Coronary Arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)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)
 While at work?..... Means of injury..... M.D.

23. Signature..... L. Hayden (M. D. or other)
Address..... 5899 Belmont Date signed..... 6/7/48

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 _____

working under my personal supervision. _____, Registered Apprentice No. _____

Signed *Edwin M. Dermott*

Licensed Embalmer No. *3024*

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.