

FILED JUL 22 1948

318

Primary Registration District No. ....

1003

Registration District 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:  
3536 Paris Ave.  
(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)

3. (a) PRINT FULL NAME Maud L. Finnegan

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife Late Stephen T. Finnegan 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 7 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 4 ..... hr. .... min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name William McKellop

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

14. Maiden name Luella (unknown)

15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William G. Meletio

(b) Address 3536a Paris Ave

17. (a) Burial (b) Date thereof July 14 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F Fertz

(b) Address 4828 Nat. Bridge Blvd

19. (a) JUL 17 1948 (b) J. F. Brodeur  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3536a Paris Ave 9  
(If rural, give location) 10  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 12 1943 to July 11 1948  
that I last saw her alive on July 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chr. Myocarditis 12 yrs

Due to.....  
93

Other conditions.....  
(Include pregnancy within months of death) apoplexy 4 days

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?..... (e) Means of injury stroke

23. Signature A. F. Ferrier (M. D. or other) MD  
Address 259 N. Kingshighway Date signed 7-12-48

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

**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 Rueph C. Sanders

Licensed Embalmer No. 4275

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.**