

FILED JUN 27 1949

STANDARD CERTIFICATE OF DEATH

21003
State File No. _____
Registrar's No. **5184**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 5184	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Louis; Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4679 Pope ave.		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4879 Popenave.				d. STREET ADDRESS (If rural, give location) 4679 Pope ave. St. Louis Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary Finan			b. (Middle) _____			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) 6-14-1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 7-4-1885		9. AGE (in years last birthday) 63		IF UNDER 1 YEAR Months 11 Days 10		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME James Mullaney			13b. MOTHER'S MAIDEN NAME Catherine Higgins			14. NAME OF HUSBAND OR WIFE Peter Finan Dec'd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Catherine Westerman 4679 Pope			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arterio Sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 0 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93rd		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from 16 March, 1949 , to 14 June, 1949 , that I last saw the deceased alive on 13 June, 1949 , and that death occurred at 4 P m., from the causes and on the date stated above.							
23a. SIGNATURE J. R. Carter Hoff M.D.				23b. ADDRESS 6347 Grand		23c. DATE SIGNED 14 June 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 6/16/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis; Mo	
DATE REC'D BY LOCAL REG. JUN 15 1949		REGISTER'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Sullivan Funeral Directors 2849 N. Euclid ave.			

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

Dr. Echterhoff
Mo. Bldg.
JF 0100

2 to 4 pm

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.

Student Embalmer No.

Signed.....
Joseph L. Brubaker

Student Embalmer

Licensed Embalmer No. *3563*

P. O. Address *St. Louis*

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.