

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22087**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **655**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Grantwood Village		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Grantwood Village		d. STREET ADDRESS (If rural, give location) 2 Grantview Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Grantview Lane		d. STREET ADDRESS (If rural, give location) 2 Grantview Lane	

3. NAME OF DECEASED (Type or Print) John H. Finnegan Sr.			4. DATE OF DEATH (Month) (Day) (Year) Jun. 5, 1949		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 18, 1856	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 26 yrs.	10b. KIND OF BUSINESS OR INDUSTRY Broker	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Unk	13b. MOTHER'S MAIDEN NAME Fanne Deuch	14. NAME OF HUSBAND OR WIFE Frances Finnegan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amy Smith 2 Grantview Lane
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility Arteriosclerosis		
	DUE TO (c) no		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no
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22. I hereby certify that I attended the deceased from **Oct**, 19**47**, to **June 1**, 19**49**, that I last saw the deceased alive on **Jan 1**, 19**49**, and that death occurred at **9:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold P. Kuyper	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 6/6/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-8-49	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 6-8-49	REGISTRAR'S SIGNATURE Harold P. Kuyper MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.
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No. 300
10-48

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

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Dr. H. P. Thym
508 N. Grand
Ne. 9501
2 to 3³⁰
P.M.

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 *David Paul Rossau*

Signed _____
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.