No. 300
10:48

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25078

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6004

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place): 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 210
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location): NO 645 N Warson Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Finney c. (Last) Mc Donnell
4. DATE OF DEATH (Month) (Day) (Year): July 6 1949
5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Dec, 12, 1905.
9. AGE (In years last birthday): 43 — If under 1 year: Months 6, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home.
10b. KIND OF BUSINESS OR INDUSTRY: .....
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John M. T. Finney.
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Gross.
14. NAME OF HUSBAND OR WIFE: James S. McDonnell, Jr.,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME: James S. McDonnell Jr, ADDRESS: 645 N. Warson Rd.,

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of liver and lung — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of breast, left — 9 yrs.
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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 50
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 170 X

22. *I hereby certify that I attended the deceased from* June 7, 1949, *to* July 6, 1949, *that I last saw the deceased alive on* July 6, 1949, *and that death occurred at* 10:30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F R Bailey M.D.
23b. ADDRESS: Barnes Hospital,
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Interrment.
24b. DATE: 7/8/49.
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery.
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: JUL 9 1949
REGISTRAR'S SIGNATURE: L B Lacater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C.R.Lupton & Sons, 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence N. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.