

STANDARD CERTIFICATE OF DEATH

31751

FILED OCT 7 1949

State File No. 31751

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8300

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3611 N. 22nd, Street, 7, D		d. STREET ADDRESS (If rural, give location) 28 3611 N. 22nd Street, 7,	
3. NAME OF DECEASED a. (First) Octavia b. (Middle) P. c. (Last) Finn			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25th, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27th, 1880
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8	IF UNDER 4 HRS. Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Vienna, Missouri D
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas B. Burgess	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Wesley Finn	
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 Edna Fann, R.R. #3, Box 203E		ADDRESS 15, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic ANTECEDENT CAUSES Inflammatory Rheumatism Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs Deceased	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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) 59	
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? HAX	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE John Corneil Corneil (Degree or title)		23b. ADDRESS 5005A GRAVOLS	
23c. DATE SIGNED 9-25-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial-Motor	24b. DATE 9/27/49	24c. NAME OF CEMETERY OR CREMATORY Vienna	24d. LOCATION (City, town, or county) (State) Vienna, Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 27 1949 J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	

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

*John A. Mlinar*

*18*

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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 *John A. Mlinar*

Licensed Embalmer No. *4186*

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.