

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1949

State File No. 38708
1003 Registrar's No. 10097

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		d. STREET ADDRESS (If rural, give location)					
St. Louis		1		St. Louis		2234 Hebert St.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2234 Hebert St.				d. STREET ADDRESS 2234 Hebert St.							
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)				
John			Finnigan				4. DATE OF DEATH (Month) (Day) (Year) 11 22 49				
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)			
Male		White		Single		1-24-1872		77			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
Plumber						St. Louis Mo.			Mo.		
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
John Finnigan				Julia Mc Cormick							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME			ADDRESS		
no						Mrs Margaret Laufketter			7056 W Park		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>						30 min	
				ANTECEDENT CAUSES							
				*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
				DUE TO (b) <i>Hypertension</i>							
				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 <input type="checkbox"/> NO <input type="checkbox"/>		
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)			21d. (STATE)		
						1021					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
						H20 P					
22. I hereby certify that I attended the deceased from <i>June</i> , 1944, to <i>Nov 22</i> , 1949, that I last saw the deceased alive on <i>Nov 21</i> , 1949, and that death occurred at <i>3 p</i> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)					23b. ADDRESS			23c. DATE SIGNED			
<i>Arthur S. Sinscott M.D.</i>					2202 University St.			11/23/49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
Burial		11-25-49		Calvary Cemetery			St. Louis, Mo.				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS - Av.					
NOV 24 1949		<i>J. B. Lassiter</i>				Goodhart & Goodhart 2228 St. Louis					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____ *me*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____ *3653*

P. O. Address _____ *W. Green, W.*

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

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