

S. No. 500
V. 10-48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18930**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4467** Registrar's No. **1349**

4001
4

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

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 Co	
b. CITY (If outside corporate limits, write RURAL and give town) Valley Park		c. CITY (If outside corporate limits, write RURAL and give township) University City	
c. LENGTH OF STAY (In this place) 5 Months		d. STREET ADDRESS (If rural, give location) 7305 Maryland Ave;	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Cedarcroft Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) CALVIN		c. (Last) FINCH		4. DATE OF DEATH (Month) (Day) (Year) 5 25 50	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH February 7, 1874	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 3 Days 18		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Finch			13b. MOTHER'S MAIDEN NAME Mary Retz			14. NAME OF HUSBAND OR WIFE Rosemond Finch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-03-2205		17. INFORMANT'S SIGNATURE OR NAME Vera R. Rose		ADDRESS 7305 Maryland Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 74 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.			
		DUE TO (c) ① Carcinoma of prostate to ② Right lung to ③ Right hip and adnexia			
		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 177X EP		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)	
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?	

22. I hereby certify that I attended the deceased from **December 17, 1949**, to **May 25, 1950**, that I last saw the deceased alive on **May 24, 1950**, and that death occurred at **7 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Palmer Finance Bowditch M.D. (Degree or title)		23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 5-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 5-27-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. 5-26-50		REGISTRAR'S SIGNATURE Herbert R. Bowditch		FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		ADDRESS St. Louis, Missouri	
---	--	--	--	---	--	------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene.....

Licensed Embalmer No. 3864.....

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.