

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No.

9356

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6609 Lindenwood Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>5603 Delmar Blvd.</u>	
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) <u>FINNIGAN</u>	
b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 28, 1882</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Scotland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>David Sinclair</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Late Martin J. Finnigan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. R. Parsons 6609 Lindenwood Ave.</u>
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Hypertension with Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>		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 <u>None</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Heart</u>	
22. I hereby certify that I attended the deceased from <u>Oct 1st, 1950</u> , to <u>Nov 2, 1950</u> , that I last saw the deceased alive on <u>Nov 2, 1950</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John G. Matthew MD</u> (Degree or title)		23b. ADDRESS <u>3707 Watson Rd</u>	23c. DATE SIGNED <u>11-3-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>NOV 3 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3707 McKeown H.F.

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 Erwin D. McDermott

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

P. O. Address _____

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.