No. 300
10.48

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43119

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3067

1005

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2069
d. STREET ADDRESS (If rural, give location): 5447 MILENTZ

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): J.
c. (Last): FINNEGAN

4. DATE OF DEATH (Month) (Day) (Year): DEC-16-50

5. SEX: M. O
6. COLOR OR RACE: Wi
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W. O.
8. DATE OF BIRTH: FEB-27-1884
9. AGE (In years last birthday): 66 YRS — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 HR.: 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: FIREMAN
11. BIRTHPLACE (State or foreign country): MISSOURI O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: ARTHUR FINNEGAN
13b. MOTHER'S MAIDEN NAME: ROSE UNKNOWN
14. NAME OF HUSBAND ~~OR WIFE~~: DAISY FINNEGAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HELEN WEGNER 5447 MILENTZ

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) —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas. — INTERVAL BETWEEN ONSET AND DEATH: May 17-49
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ISTX

19a. DATE OF OPERATION: MAY-27-49
19b. MAJOR FINDINGS OF OPERATION: Ca of head of Pancreas — Cholecysto-jejunostomy.
20. AUTOPSY? YES ☐ 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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 27, 1949, *to* Dec 16, 1950, *that I last saw the deceased alive on* Dec 16, 1950, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert J Molzel MD.
23b. ADDRESS: 2739 No Grand
23c. DATE SIGNED: DEC 18 1950

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
24b. DATE: DEC-20-50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 12/19/50
REGISTRAR'S SIGNATURE: Herbert R Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. J. Schmur 3125 LAFAYETTE

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Jos B Vollmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette av

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.