

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14053
Registrar's No. 3830

BIRTH NO. 17990-51 REG. DIST. NO. 516 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis	
c. LENGTH OF STAY (In this place) 6 Weeks		2119	
-d. FULL NAME OF HOSPITAL OR INSTITUTION In Route Homer G. Phillips Hospit.			
1d. STREET ADDRESS		(If rural, give location) 4597, A. Garfield 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Gloria	b. (Middle) Jean	c. (Last) Finney	4. DATE OF DEATH (Month) (Day) (Year) 4 - 20th - 51
--	----------------------	---------------------	---------------------	---

5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH 3 - 11th - 1951	9. AGE (In years last birthday) I 9	IF UNDER 1 YEAR Days 9	IF UNDER 12 HRS. Hours Min.
--------------------	--------------------------	--	-------------------------------------	--	---------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
---	---	---	---------------------------------------

13a. FATHER'S NAME Eddie Strange	13b. MOTHER'S MAIDEN NAME Alberta Finney	14. NAME OF HUSBAND OR WIFE
-------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Alberta Finney	ADDRESS 4597, A Garfield
---	------------------------------	---	-----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <i>Broncho pneumonia</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 checked="" 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) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H91X
--	--	------------------------------------

22. I hereby certify that I attended the deceased from 19 19 to 19 19, that I last saw the deceased alive on 19 19, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. [Signature]</i>	(Degree or title) 1300 Clark	23b. ADDRESS	23c. DATE SIGNED 4/23/51
--	---------------------------------	--------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 4 - 24 - 51	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis Missouri
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. APP 2	REGISTRAR'S SIGNATURE <i>J. B. [Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Houston</i>	ADDRESS 2829, Washington Blvd
-----------------------------------	---	--	----------------------------------

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

170
3

1951

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
This Body Not Embalmed
working under my personal supervision.

Student
Student Embalmer

Signed *John J. Houston*

Licensed Embalmer No.

P. O. Address *2829, Washington Bl*

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.