

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18909

State File No. 3069

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 2376

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 51 Brentwood 2511	
c. LENGTH OF STAY (In this place) 3 wks.		d. STREET ADDRESS (If rural, give location) 2506 Annalee 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HOBART b. (Middle) JAMES c. (Last) FINNEY			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-29-1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR: Months 9 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James J. Finney	13b. MOTHER'S MAIDEN NAME Mary J. Rausch	14. NAME OF HUSBAND OR WIFE Mattie Ellis Finney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 496-20-9170	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Daniel J. Finney, 1403 Bobolink, Brentwood, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH April 5
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture, dissecting Aneurysm of Abdominal Aorta; Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 451X 4		

19a. DATE OF OPERATION 6-3-51	19b. MAJOR FINDINGS OF OPERATION dissecting Aneurysm of abdominal Aorta	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) (Min.) _____	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 **April 29, 1951**, to **6-5, 1951**, that I last saw the deceased alive on **6-5, 1951**, and that death occurred at **4:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Louis J. Howe M.D. (Degree or title)	23b. ADDRESS 2511 Brentwood Blvd. Brentwood, Mo.	DATE SIGNED 6-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-8-1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. 8-7-51	REGISTRAR'S SIGNATURE Robert P. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Johnson

Licensed Embalmer No. 3917

P. O. Address St. Louis 7

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.