

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17977

318

PRIMARY REG. DIST. NO 1003

Registrar's No. 3681

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO 1003		Registrar's No. 3681			
1. PLACE OF DEATH a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>				2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4482 BIRCHER BLVD</u>				d. STREET ADDRESS (If rural, give location) <u>4482 BIRCHER BLVD</u>				0	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VIRGINIA</u>		b. (Middle) <u>M</u>		c. (Last) <u>FINNEGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 18, 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>6/16/1921</u>		9. AGE (In years last birthday) <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH D. FINNEGAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARCELLA MCCARTHY</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARCELLA FINNEGAN</u> ADDRESS <u>4482 BIRCHER BLVD</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lactic acid poisoning</u> ANTECEDENT CAUSES <u>self administered in haste</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>at 4482 Bircher, while drinking</u> DUE TO (b) <u>alcoholic liquors exact time</u> II. OTHER SIGNIFICANT CONDITIONS <u>unknown, about Apr 18 1952</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no accident</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>					
21d. TIME OF INJURY <u>Apr 18 52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 8710X</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1015A</u> m., from the causes and on the date stated above. <u>14</u>									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/19/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>APR 19 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 1600 NATURAL BRIDGE</u>					

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 \_\_\_\_\_

*Albert Mayfield*

Signed .....

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3077*

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.