

JUL 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 26636

BIRTH NO. 47263 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1871

1. PLACE OF DEATH a. COUNTY Saint Louis 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis 2039	
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 Saint Louis 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital		d. STREET ADDRESS (If rural, give location) 7059 Sutherland	
3. NAME OF DECEASED (Type or Print) a. (First) Infant		b. (Middle)	
c. (Last) Finney		4. DATE OF DEATH (Month) (Day) (Year) 7/7/52	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Infant	8. DATE OF BIRTH 7/7/52
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Richmond Heights, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank J. Finney	
13b. MOTHER'S MAIDEN NAME Rose Ann Balkenbusch		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Frank J. Finney		ADDRESS 7059 Finney	
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) <u>Renaluria</u> <u>Two</u>	
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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776X	
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) (Minute)		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 7/7/52, 19 to 7/7/52, 19, that I last saw the deceased alive on 7/7/52, 19, and that death occurred at 7:52 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>Michael</u> (Degree or title) M.D. C		23b. ADDRESS 16 Hampton Village Plaza	
23c. DATE SIGNED 7/8/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/8/52	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis Mo.	
DATE REC'D BY LOCAL REG. 7-8-52		REGISTRAR'S SIGNATURE <u>Robert J. Ambruster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster</u>		ADDRESS 6633 Clayton	

(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.....

No Embalming

working under my personal supervision.

Student Embalmer No.....

Signed *Ernest W. Spillers*

Signed.....
Student Embalmer

Licensed Embalmer No *4080*

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.