

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 3076

FILED JAN 28 1953

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST LOUIS</u>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY INFIRMARY</u>				d. STREET ADDRESS (If rural, give location) <u>18 3435 CLARK AVE</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) <u>M.</u> b. (Middle) <u>FINLEY</u> c. (Last) <u>FINLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-53</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-1-94</u>	
9. AGE (in years last birthday) <u>58</u>		10. MONTHS <u>7</u> DAYS <u>5</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BIRMINGHAM ALA.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
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 _____		13. FATHER'S NAME <u>PAUL HARRIS</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>CATHARINE Williams</u>		14. NAME OF HUSBAND OR WIFE <u>George</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Finley</u> ADDRESS <u>3435 Clark</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> b. ANTECEDENT CAUSES DUE TO (b) <u>Malignant hypertension</u> DUE TO (c) <u>Arterio- or nephrosclerosis</u> c. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>6 months</u> <u>6 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21f. HOW DID INJURY OCCUR? <u>446X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Dec 29, 1952</u> to <u>Jan 6, 1953</u> , that I last saw the deceased alive on <u>Jan 5, 1953</u> , and that death occurred at <u>2:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E.B. Williams</u> (Degree or title) <u>M.P.</u>		23b. ADDRESS <u>4242 Easton St. Louis</u>		23c. DATE SIGNED <u>1-6-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Lindt</u> ADDRESS <u>2707 Stahl</u>			

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldene

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.