

STANDARD CERTIFICATE OF DEATH

33197

FILED OCT 15 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9117**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 48yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 4616 Lindell			e. STREET ADDRESS (If rural, give location) 19 4616 Lindell		
3. NAME OF DECEASED (Type or Print)		a. (First) Mamie	b. (Middle) M.	c. (Last) Finney	4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 28, 1868	9. AGE (In years last birthday) 85yrs IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) / Freeburg, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Cornelius A. Classen		13b. MOTHER'S MAIDEN NAME Virginia Wilderman	
14. NAME OF HUSBAND OR WIFE Harry Finney		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 Lillian Classen		ADDRESS 4616 Lindell Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebellum Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 year
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterial Sclerosis DUE TO (c) age of Patient			3 yrs.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from January 1, 1953 , to 9/15/53 , 19____, that I last saw the deceased alive on 9/14/53 , 19____, and that death occurred at 9 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE C. L. Kestel M.D.		(Degree or title)		23b. ADDRESS 3606 Euvois	
23c. DATE SIGNED 9/21/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Sept. 22, 1953	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. SEP 21 1953		REGISTRAR'S SIGNATURE Charles W. McPherson		25. FUNERAL DIRECTOR'S SIGNATURE McPherson Sons 6175 Delmar	

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

Handwritten notes:
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Dr Hertel
3606 Spruill
La 7890

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.....
Signature of Student Embalmer

Signed *Gov. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6175 Pellm*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted: draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33197
9117

State of..... }
County of..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth
for **Mamie M. Finney** died **9-19-1953**, 19....., in the State of
~~XXXX~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read **Mamie M. Finney**
Instead of **Mary M. Finney**

Item No..... should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. B. Alexander Fun. Dir
Relationship.

6175 Lindell Delmar
Present Address.

Subscribed and sworn to before me this 22 day of Oct, 19453

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

