No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20455

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4486

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) 915 N. Grand Ave ST. LOUIS 6, MISSOURI
c. LENGTH OF STAY (in this place) 55 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS
b. COUNTY ST. CLAIR X120
c. CITY OR TOWN E.ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 8
e. STREET ADDRESS (If rural, give location) 662 N. 58TH ST.

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) A.
c. (Last) FINNEY

4. DATE OF DEATH (Month) (Day) (Year) 5/18/54

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 10/16/98
9. AGE (In years last birthday) 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Burner
10b. KIND OF BUSINESS OR INDUSTRY Steel Worker
11. BIRTHPLACE (City and State or Foreign Country) Princeton, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM FINNEY
13b. MOTHER'S MAIDEN NAME HARRIETT MILLER
14. NAME OF HUSBAND OR WIFE LULU V. FINNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD I
16. SOCIAL SECURITY NO. 329-10-9343
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS 915 N.Grand St.Louis 6, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN METASTASES SECONDARY TO ADENCARCINOMA OF THE LUNG — INTERVAL BETWEEN ONSET AND DEATH 2 YEARS

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
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
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) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 163X

22. *I hereby certify that I attended the deceased from* 3/24, 1954, *to* 5/18, 1954, ~~that I last saw the deceased alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 12:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE William S. Welborn WILLIAM S. WELBORN (Degree or title) MD
23b. ADDRESS VAH 915 N.Grand St. Louis 6, Mo.
23c. DATE SIGNED 5/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE May 21, 1954
24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo

DATE REC'D BY LOCAL REG. MAY 19 1954
REGISTRAR'S SIGNATURE J Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Thos McBurke
ADDRESS E.st St. Louis Ill

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. M. Bu

Licensed Embalmer No. 24

P. O. Address East St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.