

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38726**  
Registrar's No. **9804**

No. 300  
10-48

**FILED NOV 22 1954**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>DE PAUL HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS <b>6233 WESTMINSTER</b>		205/0			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>A</b> c. (Last) <b>FINNEGAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 27 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>AUG. 17 1885</b>	9. AGE (In years last birthday) <b>69</b>	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCK ROOM CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>VICHERS ELEC.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BELOIT KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>	
13a. FATHER'S NAME <b>JAMES FINNEGAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY LUTZ</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487-18-2517</b>	17. INFORMANT'S SIGNATURE OR NAME <b>FRANK R. FINNEGAN, M.D.</b> ADDRESS <b>6233 WESTMINSTER</b>		
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) <b>Degenerative heart disease</b>  ANTECEDENT CAUSES <b>Pruritic therapy</b> 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.			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
19a. 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? <b>4222</b>			
22. I hereby certify that I attended the deceased from <b>Nov 1953</b> to <b>Oct 27, 1954</b> that I last saw the deceased alive on <b>Oct 27, 1954</b> and that death occurred at <b>5:00 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>F.R. Finnegan M.D.</b>		23b. ADDRESS <b>539 N Grand Ave</b>		23c. DATE SIGNED <b>Oct 27/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>OCT 30 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHN'S CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>BELOIT KANSAS</b>		
DATE REC'D BY LOCAL REG. <b>OCT 28 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Lutzi 2906</b> ADDRESS <b>Beaverville</b>		

S.P. (Licensed Embalmer's Statement on Reverse Side)

LEADY 2

**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 *Harold C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 St*

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.