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R# 11281 SL-7347

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38231

9932

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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>915 N. Grand St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>48 Days</b>		c. CITY OR TOWN <b>St. Louis,</b> 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 <b>Veterans Administration Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>1112 North 9th St., Apt 201</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>(None)</b>		c. (Last) <b>FINN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>11-13-55</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>1-7-1890</b>		9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Min.) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Repair</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cobbler</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ireland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Finn</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Culley</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, 915 N. Grand St. Louis, Mo.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of Rectum</b> DUE TO (c) <b>Bronchial Asthma</b> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of liver</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>154X</b>		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)		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 <b>9-26</b> , 19 <b>55</b> , to <b>11-13</b> , 19 <b>55</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>D. ROTH, D. Roth M.D.</b>		(Degree or title)		23b. ADDRESS <b>VAH, 915 N. Grand, St. Louis, Mo.</b>	
23c. DATE SIGNED <b>11-13-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 16/55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>NOV 15 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner Und. Co., 2223 St. Louis Ave.,</b>	
(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.....  
Signature of Student Embalmer

Signed *Elton H. Remelino*.....

Licensed Embalmer No. *4283*

P. O. Address *St. Louis*

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