

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25577**
1620
 Registrar's No.

BIRTH NO.		REG. DIST. NO. 379		PRIMARY REG. DIST. NO. 500		Registrar's No.	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
d. CITY (If outside corporate limits, write RURAL and give town) Robert Koch		c. LENGTH OF STAY (in this place) 1 1/2 yrs		c. CITY OR TOWN Glendale		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 Robert Koch Hospital				e. STREET ADDRESS (If rural, give location) 815 Alexandria Drive			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Thomas		c. (Last) Finn		4. DATE OF DEATH (Month) (Day) (Year) 7 3 56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 10-24-03	
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Autochlor clerk		10b. KIND OF BUSINESS OR INDUSTRY clerk		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Finn		13b. MOTHER'S MAIDEN NAME Gennie Trigg		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-16-1224		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Madeline Matthews 815 Alexandria Dr.			
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) Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia 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 6-28-56		19b. MAJOR FINDINGS OF OPERATION Abscess - Rt. chest				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) 002X			
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 7-1 , 19 56 , to 7-3 , 19 56 , that I last saw the deceased alive on 7-2-56 19 56 , and that death occurred at 7:25 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Martin C. Waterman, M.D.				23b. ADDRESS Robert Koch Hosp		23c. DATE SIGNED 7-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 6, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 7-3-56		REGISTRAR'S SIGNATURE Herbert R. Doublend		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary, 2117 E. Grand Blvd			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1963

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 *Paul Q. Wachten*.....

Licensed Embalmer No. *4787*.....

P. O. Address *St Louis*.....

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.