

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020918

FILED VS. JUN 6 1966

318 Primary Registration District No. 1003

Registrar's No. 5427

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>3 wks</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. John's Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>3400 Cad</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Edward</i> Middle <i>Finnegan</i> Last			4. DATE OF DEATH Month <i>5</i> Day <i>23</i> Year <i>60</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 7, 1904</i>	9. AGE (last birth day) <i>55</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plasterer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13. FATHER'S NAME <i>James Finnegan</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Fay</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>487-22-7761</i>	
17. INFORMANT <i>Miss Mary Finnegan</i>		Address <i>3400 Cad</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>9 mos</i>
IMMEDIATE CAUSE (a) <i>Bronchogenic Ca, rt. lung</i>		
DUE TO (b)		
DUE TO (c) <i>16x1</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>liver metastases</i>		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>6-15-59</i> to <i>Parent</i> and last saw him alive on <i>5-22-60</i> Death occurred at <i>9</i> <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>Ed J. Keating M.D.</i>	22b. ADDRESS <i>950 Famin Pl</i>	22c. DATE SIGNED <i>5/29/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/25/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>
23d. LOCATION (City, town, or county) <i>St. Louis Mo</i>	23e. DATE RECD. BY LOCAL REG. <i>MAY 24 1960</i>	
24. FUNERAL DIRECTOR <i>Joe A. Howard</i>	ADDRESS <i>1619 S Grand</i>	26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Joan Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address So. Lacey

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.