JAN 26 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41752

1. PLACE OF DEATH

County .... Registration District No. 791 [1203]

Township .... Primary Registration District No. .... File No. ....

City St. Louis (No. 1741 Mississippi St. .... Ward) Registered No. 10790

2. FULL NAME Mary F. Finfrock

(a) Residence, No. 1741 Mississippi St., 23 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Finfrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) Owensburg (STATE OR COUNTRY) Indiana

FATHER

13. NAME Joseph Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Christ Finfrock (ADDRESS) 1741 Mississippi

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. DATE Dec 16 1933

19. UNDERTAKER Witt Bro. L & U Co. (ADDRESS) 2922 S Jefferson Av.

20. FILED DEC 16 1933, 19... J. H. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 3 1933, to Dec 15 1933

I last saw her alive on Dec 14 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Chronic Myocarditis — Apr 1933

95

Other contributory causes of importance: ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19.....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) P. Hee Jr., M. D.

(Address) Metropolitan Bldg St Louis, Mo.