JAN 10 1938

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

43612
Do not use this space.

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1003
11862

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis, Mo. (d) Street No. Peoples Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Finnie
(a) Residence, No. 2e5North Euclid Ave St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): —

7. AGE: About 54 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Janitor 2 31
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

FATHER
13. NAME: Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

17. INFORMANT (ADDRESS): Aaron Hart, 2e5North Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL: Father Dickson Dec. 24th 37
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS): A.L. Beal Undertaking Co. 2726 Lucas Ave.

20. FILED DEC 24 1937 J. M. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/19/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:20 P.
The principal cause of death and related causes of importance were as follows:

Subdural hemorrhage of brain;
Left Lobar Pneumonia;
Chronic Interstitial Nephritis;
as a result of fall in the rear of 4905 Lindell Boul. about 11:00 A.M. Dec.13,1937. ACCIDENT.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/13, 19 37
Where did injury occur? St.Louis,Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury See above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Raymond E. Gehrke, Licensed Embalmer No. 3985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

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.)