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.

REC'D MAY 10 1938

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

791
1008

12784
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 3388

(c) City St. Louis (d) Street No. 16 Vandeventer Place. 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 Mary S. Finney, 500

(a) Residence, No. 16 Vandeventer Place. St. 19
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1854

7. AGE: YEARS 83 | MONTHS 3 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Lexington, Missouri

FATHER
13. NAME Rev. Thos. M. Finney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Mary Schackleford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Missouri

17. INFORMANT (ADDRESS) Mrs. John H. Douglas. 16 Vandeventer Place.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bellefontaine DATE Apr. 12, 38

19. FUNERAL DIRECTOR (ADDRESS) Wagoner Undertaking Co 3621 Olive St.

20. FILED APR 11 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from MARCH 15, 1938, to APRIL 10, 1938

I last saw her alive on APRIL 10 45, 1938. Death is said to have occurred on the date stated above, at 12 m.

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

MYOCARDIAL FAILURE

50

Date of onset

Other contributory causes of importance:
CARCINOMA OF BREAST WITH GENERAL METASTASIS

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

What test confirmed diagnosis? ..... Was there an autopsy? No

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) H. L. Joslyn, M. D.

(Address) 3101 Westminster

(Licensed Embalmer's Statement on Reverse Side)

50M-7-36-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Walter King, Licensed Embalmer No. 3563

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Walter King

Licensed Embalmer No.

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.)