REC'D JUN 9 1938

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

16551
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4412

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. Missouri Baptist 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. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Finley
(a) Residence, No. St. NR Chaffee, Mo.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11/1869.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
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) Apr. 1938
11. Total time (years) spent in this occupation 10yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott, Co. Mo. 0

FATHER
13. NAME Frank Finley 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott, Co. Missouri 1

MOTHER
15. MAIDEN NAME Mary Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Dottie Roberts (ADDRESS) Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus, Mo. DATE 5/15/ 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc. (ADDRESS) 429 N. Euclid Ave.

20. FILED MAY 13 1938 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/ 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1938, to May 12, 1938
I last saw h. alive on May 13, 1938. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pancreas	Jan 1938

Other contributory causes of importance:

Name of operation Exploratory Date of May 12/38
What test confirmed diagnosis? Clinical 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) John D. Hayward, M. D.
(Address) Metropolitan Bldg. St. Louis

(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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed... Guy W Wilkinson

Licensed Embalmer No.... 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.