REC'D JUL 12 1938

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

791
1008

20355
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis (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.

Registration District No.....

Primary Registration District No.....

Registered No. 5494

2. PRINT FULL NAME Mabel Beatrice Finney 500

(a) Residence, No. 4593 Garfield Ave. St. AA
(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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10, 1889

7. AGE: Years 49 | Months 2 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework

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): Macon Missouri 0

FATHER

13. NAME: James Smith 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER

15. MAIDEN NAME: Verna Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Nellie Evans
(ADDRESS) 4593 Garfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE June 18 38

19. FUNERAL DIRECTOR (NAME) Russel Und. Co.
(ADDRESS) 2732 Pine St.

20. FILED JUN 18 1938 J. P. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938.

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 4:40 A.M.

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

Time of Onset

Traumatic Intracranial Hemorrhage. Bilateral Bronchopneumonia following being struck by Streetcar at Garfield and Taylor Avenues about 11:00 A.M. June 6, 1938. Criminal Carelessness

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? C. C. Date of injury June 6, 19 38

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? no

If so, specify.....

(Signed) Joseph M. Quinn 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.

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 Joel Russell

Licensed Embalmer No. 2115

P. O. Address .....

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

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