

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEED APR 12 1939

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

8195
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) or City St. Louis, Mo. (d) Street No. Isolation Hospt. 5600 Arsenal. St. 1960
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ⁵⁰⁻⁰ Richard Phinney

(a) Residence, No. 1421 Missouri ave. St. 23 (if nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-19-34</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>2</u>	DAYS <u>9</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil</u>		
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) <u>St. Louis, Missouri</u>		
13. NAME <u>Lawrence Phinney</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
15. MAIDEN NAME <u>Esther Kaber</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT <u>MG. Barry</u> (ADDRESS) <u>5600 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sts. Peter Paul Cam. 3/4/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Central Und. Co. 1841 Cass Ave.</u>		
20. FILED <u>MAR 1 1939</u> <u>J.P. Budick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1939, to Feb. 28, 1939
I last saw him alive on Feb. 28, 1939 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:
Diphtheria
Laryngeal
Date of onset

Other contributory causes of importance:
Myocarditis
W. diphtheriae

Name of operation Tracheotomy Date of 2/27/39
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. Home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Geo. J. Bergin M.D. M. D.
(Address) 5600 Arsenal St.

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.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address.....

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.)

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