

No. 2
11-10-39
5-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23931**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6376**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4837 Miami St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 51 yrs.
years, months or days

8. (a) PRINT FULL NAME Catherine E. Finn **500**

3. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Michael J. Finn

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 30, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 29
If less than one day hr. min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 5

MOTHER FATHER

12. Name Thomas Farrell

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. Hines

(b) Address 4837 Miami St.

17. (a) Burial (b) Date thereof 7-31-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 29 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 15

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4837 Miami St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 51 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th.
year 1940 hour 4 minute 35 a. m.

21. I hereby certify that I attended the deceased from July 26
1940, to July 29 1940
that I last saw her alive on July 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Hypertension

Due to None

Due to None

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place)

(e) Means of injury None

23. Signature Arthur J. Donnelly (M. D. or other) 1

Address 408 2nd St. St. Louis Date signed 7-29

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B.

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.