No. 2
-1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16967

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 4485

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. L. City Hospital #10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3859 St. Ferdinand Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MINNIE FINLEY

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife THOMAS

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 10, 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name William Burgess
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Indiana Florence White
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Finley
(b) Address 3859 St. Ferdinand Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Carmi, Illinois

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAY 28 1941 (Date received by registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1941 hour 9 minute 25 p.m.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following fragmented fracture of the left pelvic bone when she was struck by an automobile driven by one George Oliver Knittel, about 30 feet south of the south intersection of Garfield and Vandeventer Av., about 8.30 P.M., March 22nd, 1941. ACCIDENT. (Duration)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) accident
(b) Date of occurrence 3/22/1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Callaman (M.D. or other)
Address Deputy Coroner Date signed 5/29/41

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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, fact should be so stated above.