

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JULY 24 1941

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **40712**
10490
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4237 West North Market Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Unavailable**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4237 West North Market**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **December** day **29**,
year **1941** hour **8** minute **P.M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to **Coronary Thrombosis (sclerosis)**

Due to **Chronic Interstitial Nephritis**

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(Specify means of injury) _____

23. Signature **Alfred Perry** (M. D. or other) _____
Address **1200 Clark Avenue** Date signed **12/29/41**

3. (a) PRINT FULL NAME **Fannie Finn**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Unavailable abt. 1883**
(Month) (Day) (Year)

8. AGE: Years **Abt. 58** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Franklin Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

11. Industry or business _____

12. Name **John Finn**
13. Birthplace **Franklin Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Hoy**
15. Birthplace **Franklin Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Taylor**
(b) Address **4221 West Ashland Avenue**

17. (a) **Burial** (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify type of place)
(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **W. J. ...**
(b) Address **4107 Finney Avenue**

19. (a) **DEC 21 1941** (b) **J. W. ...** (Registrar's signature)
(Date received local registration)

(Licensed Embalmer's Statement on Reverse Side)

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

5
0
17
9

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

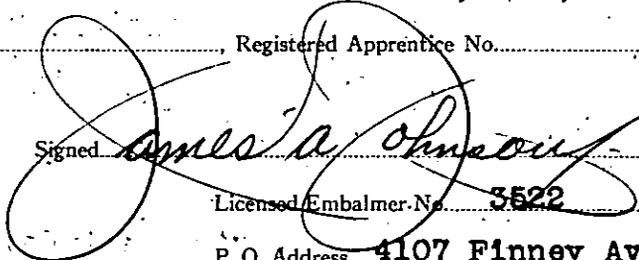
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.