

No. 2-
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3507
Registrar's No. 141

FILED JAN 27 1942
Registration District No. 787

Primary Registration District No. 210

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans' Administration Facility 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 12/15/41
(Specify whether years, months or days) Since 12/15/41

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2551 North Market Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Thomas E. Finnigan
(b) If veteran, name war WORLD
(c) Social Security No. 494-01-6857

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 16
year 1942 hour 12:40 minute P. M.
21. I hereby certify that I attended the deceased from December 15, 1941 to January 16, 1942
that I last saw him alive on January 16, 1942
and that death occurred on the date and hour stated above.

4. Sex Male race White
5. Color or race White
6. (a) Single, widowed, married, divorced Single
(c) Age of husband or wife if alive - years
7. Birth date of deceased November 20 1886
(Month) (Day) (Year)

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial ~~xxxx~~ damage and myocardial insufficiency.
Contributory cause: Infarcts, multiple, right lung, secondary to ~~xxxx~~ heart disease.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
55 1 26 - hr. - min.

Duration Unknown
About 5 days
PHYSICIAN -
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Surveyor

MOTHER FATHER
11. Industry or business -
12. Name Michael Finnigan
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia O'Dowd
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: 93d
Of operations -
Of autopsy Yes- see cause of death.

16. (a) Informant M. Schuller
(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.
17. (a) BURIAL (b) Date thereof JAN. 19. 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY
18. (a) Signature of funeral director C. H. ...
(b) Address 7814 E. ...
19. (a) JAN 19 1942 (b) C. G. ...
(Date received local registrar) (Registrar's signature)

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) Means of injury -
23. Signature L. M. COCHRAN, M.D. (M. D. or other)
Address Chief Medical Officer Date signed -

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

John Ketter

Licensed Embalmer No. *3880*

P. O. Address. *St. Louis Mo.*

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.