

S. No. 2
 M-5-42
 5-17-39
 X32873

31774

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2722

FILED NOV 6 1942
 Registration District No. 84

Primary Registration District No. 101

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

1. PLACE OF DEATH
 (a) County... St. Louis
 (b) City or town... Clayton
 (c) Name of hospital or institution: St. Louis County Hospital
 (d) Length of stay: In hospital or institution. 1 mo. 2 days
 In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Mo. (b) County... St. Louis
 (c) City or town... Robertson
 (d) Street No. Highland & Florence Ave.
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country...

3. (a) PRINT FULL NAME Mattie Finch
 3. (b) If veteran, name war... unknown
 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 23
 year 1942 hour 8 minute :40 A.M.

4. Sex. male 9
 5. Color or race colored
 6. (a) Single, widowed, married, divorced, widow 2
 6. (b) Name of husband or wife Wallace Finch
 6. (c) Age of husband or wife if alive... years
 7. Birth date of deceased Dec. 5 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-21-42 to 10-23-42
 that I last saw her alive on 10-23-42
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	66	10	18	hr. min.

Immediate cause of death. Degenerative heart disease & cardiac failure
 Duration unknown

9. Birthplace Scott County Mo. 0
 (City, town, or county) (State or foreign country)

Due to...
 Due to...
 Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation none

Major findings:
 Of operations...
 Of autopsy...

11. Industry or business
 12. Name Rubin Laster
 13. Birthplace Unknown Ga. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Pruett
 15. Birthplace Unk. Unk. 9
 (City, town, or county) (State or foreign country)

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?
 (Specify type of place)
 While at work? (a) Means of injury

16. (a) Informant Mose Vassar
 (b) Address 2833rd case
 17. (a) Burial (b) Date thereof 10 29 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director M. J. Galitan
 (b) Address 3028 Robertson
 19. (a) OCT 28 1942 (b) D. McStaran M.D.
 (Date received local registrar) (Registrar's signature)

23. Signature John E. Matthews (M. D. or other)
 Address St. Louis Co. Hosp. Date signed 10/29/42

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 Charles L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble St
St. Louis

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.