

FILED DEC 3 1943 **878**

**1003**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10182**

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

**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:  
**DE PAUL HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 DAYS 0**  
(Specify whether)

In this community **10 YEARS**  
years, months or days)

**3. (a) PRINT FULL NAME REV. THOMAS O'NEILL FINNEY C.M.**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE 0**

5. Color or race **WHITE 0**

6. (a) Single, widowed, married, divorced **SINGLE 0**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **NOV. 1 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>0</b>	<b>18</b>	hr. _____ min.

9. Birthplace **NEW ORLEANS 1 LOUISIANA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **ROMAN CATHOLIC PRIEST**

**MOTHER** {

11. Industry or business \_\_\_\_\_

12. Name **ROTHOMAS FINNEY**

13. Birthplace **" 4 IRELAND**  
(City, town, or county) (State or foreign country)

14. Maiden name **BRIDGED O'NEILL**

15. Birthplace **" 4 IRELAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **FATHER LA SAGE C.M.**

(b) Address **1427 SOUTH NINTH ST.**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **11-23-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **PERRYVILLE MO.**

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

(b) Address **3840 Grandall Blvd**

19. (a) **NOV 21 1943** (Date received local registrar)

(b) **J. F. Brudick** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO.** (b) County \_\_\_\_\_

(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1427 SOUTH NINTH ST.**  
(If rural, give location)

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

If yes, name country **0**

**000  
2319**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **NOV.** day **19**,  
year **1943** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov 18** to **Nov 19** 19**43**  
that I last saw him alive on **Nov 18** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis Myocardial Infarct**

Due to **Coronary Arteriosclerosis**

Due to \_\_\_\_\_

Duration

**5 days**

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)

(e) Means of injury \_\_\_\_\_

23. Signature **J. P. Brudick** (M.D. or other) **11/15/43**

Address **Union Club Bldg** Date signed **11/15/43**

*Dr. [unclear]*

*RE 7534  
1-3*

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**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*

**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.**