V. S. No. 2
30M—1-4-41
Rev. 5-17-39
[redacted]-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25652

FILED AUG 5 1944

Registration District No. [illegible]

Primary Registration District No. 6076

Registrar's No. 1646

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

96 0 0

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mother of Good Council Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 6825 Natural Bridge 0
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Lennie L. Finney.

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Zachariah T. Finney

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

7. Birth date of deceased: August (Month) 6th (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	25	hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: Henry Symmes.
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Linnie Snydam.
15. Birthplace: unknown (City, town, or county) Penn. (State or foreign country)

16. (a) Informant: Mr. Howard Finnie
(b) Address: Ferguson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: C. R. Lupton & Sons
(b) Address: 7233 Delmar Blvd

19. (a) AUG 3 - 1944 (Date received local registrar) (b) E. G. McGaven, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 1st
year: 1944 hour: 11:05 minute: A. M.

21. I hereby certify that I attended the deceased from June 15th 1944 to Aug 1st 1944
that I last saw her alive on July 25 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myo-cardial degeneration	1 year
Due to: Arterio-sclerosis	4 yr +
Due to: Senile Changes	
Other conditions (Include pregnancy within 3 months of death): 130	

Major findings:
Of operations: None made
Of autopsy: None made.

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

23. Signature: Joseph Davie (M. D. or other)
Address: 3137 N. 9th St. Date signed: 8-31-44

707

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph Davle
Century Bldg.
GA 1276

2-5 p.m.

79

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.