

No. 2
3-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1944
318

Registrar's No. 8556

Registration District No.

Primary Registration District No.

1003

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:
5606a Theodosia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
50 years (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5606a Theodosia Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Margaret Finsley

3. (b) If veteran, name war..... none
3. (c) Social Security No. NOBB

4. Sex female 5. Color of race White
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife late Wm. Tinsley
6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased.....
(Month) June (Day) 30 (Year) 1865

8. AGE: Years 79 Months 3 Days 6
If less than one day
hr. min.

9. Birthplace.....
(City, town, or county) Scotland (State or foreign country)

10. Usual occupation.....
none

11. Industry or business.....

12. Name Patrick Garrety
13. Birthplace.....
(City, town, or county) Scotland (State or foreign country)

14. Maiden name Malone
15. Birthplace.....
(City, town, or county) Scotland (State or foreign country)

16. (a) Informant George Tinsley
(b) Address 5606a Theodosia Ave.

17. (a) Burial (b) Date thereof 10-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) OCT 8 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th.
year 1944 hour 10:00 PM minute M.

21. I hereby certify that I attended the deceased from Sept 21
19 44 to Oct 6 19 44
that I last saw him alive on Oct 4 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 3 wks

Due to.....
Due to.....

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:

(c) 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?..... Means of injury.....
23. Signature Victor P. Smith (M. D. or other)
Address 4500 Clarence Date signed Oct 7 1944

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

(Licensed Embalmer's Statement on Reverse Side)

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 P. Buckholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis Ave*

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.