S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4217

Registration District No. FILED MAR 14 1945 818

Primary Registration District No. 1003

Registrar's No. 1932

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: 4256 Easton Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9

(d) Street No. 4256 Easton Ave. (If rural, give location) 11

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles H, Finley

3. (b) If veteran, name war ------

3. (c) Social Security No. ------

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lilly Finley

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September (Month) 14 (Day) 1873 (Year)

8. AGE: Years 71 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Pharmacist

11. Industry or business

FATHER
12. Name Charles T. Finley
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Jennie Barrett
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Lully Finley

(b) Address 4256 Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wm. C. Mondell

(b) Address 1926 Allen Ave.

19. (a) FEB 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1945 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 1945 to Feb. 27 1945; that I last saw him alive on Feb 27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to Rheumatism

Due to 92

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2

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 J. Rhyan 0 (M. D. ~~or other~~)

Address 607 N. Grand Av. Date signed 2-27-45

(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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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.