No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 287

FILED FEB 13 1948

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10671

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

100849

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Enroute to Hospital 2 (If not in hospital or institution, write street number or location)

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

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. 315 So. Garrison, Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Phillip Finerson

3. (b) If veteran, name war no

3. (c) Social Security No. 493-10-1669

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Rosie Finerson

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Sept. (Month) 1 (Day) 1919 (Year)

8. AGE: Years 26. Months 3 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) _____ (State or foreign country)

10. Usual occupation Molder

11. Industry or business _____

MOTHER FATHER

12. Name Sam Finerson

13. Birthplace Shuqalak (City, town, or county) Miss. (State or foreign country)

14. Maiden name Carrie Prince

15. Birthplace Shuqalak (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Rosie Finerson

(b) Address 315 So. Garrison, Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 12 (Day) 1945 (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton, Ave.

19. (a) DEC 8 1945 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1945 hour 11:47 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Inahlation of Chlorinated Hydrocarbon: when he collapsed while at work at the Century Foundry Co., 3727 Market St., around 11:00 A.M Dec. 6, 1945. (Duration)

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:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 6, 1945

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? InIndustrial Place (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed 12/

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1946

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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.