

FILED APR 5 1946
Registration District No. 318

Primary Registration District No.

Registrar's No.

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:
4329 W. Bell Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At Home
(Specify whether
In this community 32 hrs.
years, months or days)

3. (a) PRINT FULL NAME Baby Donell Fingers

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased 3-26-1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 & 8 hr. 5 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Milton Fingers
13. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Marie Craig
15. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Fingers-Father of Dec
(b) Address 4329 W. Bell Ave.

17. (a) Burial (b) Date thereof 3-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director W. J. Sneed
(b) Address 3615-17 Easton Ave. St. Louis

19. (a) MAR 28 1946 (b) J. J. Sneed
(Date received local registrar) (Registrar's signature)

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. 4329 W. Bell Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day March
year 1946 hour 10 minute 30 a. m.
21. I hereby certify that I attended the deceased from March 26-1946 to March 27-1946
that I last saw him alive on March 27-1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory Failure
Duration 1 day
Due to Under-nursed

Due to
Other conditions Under-nursed
(Include pregnancy within 3 months of death)

Major findings: no
Of operations
Of autopsy no
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 R. J. Vincent (M. D. or other)
Address 2336 1/2 Market St Date signed 3-28-46

10025
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Theodore J Yandell

Registered Apprentice No.

working under my personal supervision.

Signed.....

Theodore J Yandell

Licensed Embalmer No.

4243

P. O. Address.....

*927 N. E. ...
Theodore J Yandell*

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.