

S. No. 2  
OM-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3598  
Registrar's No. 234

FILED FEB 10 1947  
Registration District No. 374

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Our Lady of Good Counsel Home  
(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

3. (a) PRINT FULL NAME Mayme Finan

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dont Know  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt 75 hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name John Finan

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

14. Maiden name Ann Higgins

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

16. (a) Informant Thos. J. Finan Sr.

(b) Address 1519 S. Grand Blvd

17. (a) Burial (b) Date thereof 2-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 S. Grand Blvd.

19. (a) 2-3-47 (b) Robert Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2407 East Grand Blvd.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1  
year 1947 hour 4:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10/24/1946  
Gonyea - Rt. Jan-31st - 1947  
that I last saw her alive on Jan-31st  
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene Rt. foot  
Chr- Senile Generalized Arterio  
sclerosis

Due to Chr- Int- Nephritis- All senile  
type

Due to Chr- Myo Carditis.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Died in the Home of the Incurables.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No.

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 Robert Allen (M. D. or other)

Address 3734- Jennings Rd. Date signed 2/1/47

MAR 9, 1948

**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..... *Harold Younke* .....  
Licensed Embalmer No. 3967 .....  
P. O. Address..... *St Louis mo* .....

**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.**