

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17908

Registrar's No. 858

BIRTH MO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3068		State File No. 17908		Registrar's No. 858				
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>								
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maplewood</b>			c. LENGTH OF STAY (in hospital or institution) <b>14 days</b>			c. CITY (If outside corporate limits, write RURAL and give township) <b>Manchester</b>			d. STREET ADDRESS (If rural, give location) <b>Highway #141</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maplewood Nursing Home</b>				3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>William</b>		c. (Last) <b>Finlay</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 7 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>Feb. 19, 1867</b>		9. AGE (In years) (Month) (Day) (Year) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman (Retired)</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman (Retired)</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Sinclair Oil Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>James W. Finlay</b>				13b. MOTHER'S MAIDEN NAME <b>Ellen Barrett</b>				14. NAME OF HUSBAND OR WIFE <b>Mona Finlay</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>496-07-1305</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norman Finlay, Manchester, Mo.</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis 29 11</b> <b>Hypertension 30 11</b> DUE TO (c) _____  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>83a</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from <b>Oct 1948</b> to <b>Apr. 7, 1949</b> , that I last saw the deceased alive on <b>Apr. 7, 1949</b> , and that death occurred at <b>3:15 P.M.</b> , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <b>Edward J. Nelkin MD</b>						23b. ADDRESS <b>3903 Olive St. Louis</b>			23c. DATE SIGNED <b>4-8-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/10/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Manchester Methodist</b>		24d. LOCATION (City, town, or county) (State) <b>Manchester, Mo.</b>						
DATE REC'D BY LOCAL REG. <b>4-8-49</b>				REGISTRAR'S SIGNATURE <b>Edward J. Nelkin MD</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schrader Funeral Home, Ballwin Mo.</b>				

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....

Student Embalmer

Signed *Harry F. Schrader*

Licensed Embalmer No. *2091*

P. O. Address *Ballwin 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.