

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **28227**  
**7599**

**FILED SEP 8 1951**

**318**

**1003**

No. 300  
10.48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b> <b>4577</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>241 West Big Bend Road</b> <b>1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>FREDERICK</b>		b. (Middle) <b>EMERSON</b>		c. (Last) <b>FINLEY</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>8 25 51</b>		5. SEX <b>male 0</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>	
8. DATE OF BIRTH <b>March 27, 1895</b>		9. AGE (In years last birthday) <b>56</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>District Manager</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Camillus Finley</b>		13b. MOTHER'S MAIDEN NAME <b>Genevieve Bartlett</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Swinhart</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>487-03-8433</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mabel Finley-241 West Big Bend Road</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive C.V.R. Disease</b> DUE TO (c) <b>Arteriosclerosis nephrosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> <b>10 yrs</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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. HOW DID INJURY OCCUR? <b>HH 2X</b>			
22. I hereby certify that I attended the deceased from <b>July</b> , 1951, to <b>Aug 25</b> , 1951, that I last saw the deceased alive on <b>Aug 25</b> , 1951, and that death occurred at <b>3:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert M. Launch M.D.</b>				23b. ADDRESS <b>4252 Maryland</b>		23c. DATE SIGNED <b>27 Aug 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-28-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. EDUCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 27 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons-7233 Delmar Blvd.</b>			

(Licensed Embalmer's Signature on Reverse Side)

Dr. Launch  
4952 Maryland Avenue  
FO-8844  
Hrd 8-12 Noon

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.

Student .....  
Student Embalmer

Signed *Melvin F. Kemper*

Licensed Embalmer No. *4052*

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.