

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2785

318

1003

State File No. 0596

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (in this place) 15 yrs.	3. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2039
d. FULL NAME OF HOSPITAL OR INSTITUTION 2735 McCausland Ave.				d. STREET ADDRESS (If rural, give location) 2735 McCausland Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) ALVINA		b. (Middle) ISABELLE		c. (Last) FINNEY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-28-1871	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 2	11. UNDER 24 HRS. Days 23	12. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Hill		13b. MOTHER'S MAIDEN NAME Unknown Tebbe		14. NAME OF HUSBAND OR WIFE Arthur J. Finney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alvina Kirchhoff, above			
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) ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Coronary thrombosis							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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? 4201			
22. I hereby certify that I attended the deceased from Jan 19, 1951, to Jan 22, 1952, that I last saw the deceased alive on Jan 19, 1952, and that death occurred at 4:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Volkmann				23b. ADDRESS 5801 Big Bend		23c. DATE SIGNED 1/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-23-1952	24c. NAME OF CEMETERY OR CREMATORY St. Matthew's Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. JAN 22 1952		REGISTRAR'S SIGNATURE E. J. Volkmann		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.