

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11349**

XC 1 875 498
Reg. 100,243
FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **519**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 OR TOWN JEFF. BRKS. MO.)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 2 Days		10. TOWN ST. LOUIS 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 3606 N. SPRING	

3. NAME OF DECEASED (Type or Print)	a. (First) DANIEL	b. (Middle) C.	c. (Last) FINNEGAN	4. DATE OF DEATH (Month) (Day) (Year) 2/24/52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9/1/94	9. AGE (In years last birthday) 57 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Finnegan	13b. MOTHER'S MAIDEN NAME Catherine Clifford	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I	16. SOCIAL SECURITY NO. 329-10-2002	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOUS PERITONITIS		
	PULMONARY TUBERCULOSIS, FAR ADVANCED		
ANTECEDENT CAUSES		DUE TO (b) ACTIVE	
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		5 years	
DUE TO (c)		5 years	
II. OTHER SIGNIFICANT CONDITIONS		1. HYPERTENSIVE CARDIOVASCULAR DISEASE	
<i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		2. LANNEC'S CIRRHOSIS OF LIVER	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11:10 AM 2/24/52	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **2/22**, 19 **52**, to **2/24**, 19 **52**, that I last saw the deceased ~~at~~ **at 2:10 p.m.**, and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. Q. Allen (Degree or title) _____	23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 2/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/27/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG 2-26-52	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE NO STROOT - CARROLL	ADDRESS 1600 NATURAL BRIDGE AVE
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SW (Licensed Embalmer's Statement on Reverse Side)

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 *Albert Mayfield* _____

Licensed Embalmer No. *13077* _____

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.