S. No. 300
v. 10.48

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

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25778

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6983

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
c. LENGTH OF STAY (In this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2119
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 4328 Evans Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Page
b. (Middle):
c. (Last): Finney

4. DATE OF DEATH (Month) (Day) (Year): 7/18/52

5. SEX: Male 2

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: 1/9/01

9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Placer

10b. KIND OF BUSINESS OR INDUSTRY: Public Service

11. BIRTHPLACE (State or foreign country): Somerville, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ben Finney

13b. MOTHER'S MAIDEN NAME: Vira Gaither

14. NAME OF HUSBAND OR WIFE: Jannie Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Jannie Finney, 4328 Evans Avenue

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vascular Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 8 Wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis — Undet.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* April 16, 1952, *to* July 15, 1952, *that I last saw the deceased alive on* July 15, 1952, *and that death occurred at* 4:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. C. Bridges (Degree or title): M.D.

23b. ADDRESS: 941a N. Sarah

23c. DATE SIGNED: 7/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/20/52

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Somerville, Tennessee

DATE REC'D BY LOCAL REG.: JUL 21 1952

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Chas. J. Gates, D/B — Gates Funeral Home, 4107 Finney Ave.

E.O. (Licensed Embalmer's Statement on Reverse Side)

880
7-20-
11 30 a-m

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 [signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.