

47262
FILED JUL 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 26635

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1870

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2034	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 2Hrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
		d. STREET ADDRESS (If rural, give location) 7059 Sutherland	

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Finney			4. DATE OF DEATH (Month) (Day) (Year) 7 7 52			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 7/7/52	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 2 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Richmond Heights, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank J. Finney		13b. MOTHER'S MAIDEN NAME Rose Ann Balkenbusch		14. NAME OF HUSBAND OR WIFE Infant	
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. No		17. INFORMANT'S SIGNATURE OR NAME Frank J. Finney 7059 Sutherland	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Renalmy - Jao</i>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 7/7/52, 19___, to 7/7/52, 19___, that I last saw the deceased alive on 7/7/52, 19___, and that death occurred at 7:52 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M. D.	23b. ADDRESS 16 Hampton Village Plaza	23c. DATE SIGNED 7/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/8/52	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis, Mo.

DATE REC'D BY LOCAL REG. 7-8-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc.	ADDRESS 6633 Clayton R
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SW (Licensed Embalmer's Statement on Reverse Side)

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.....

MD Embalming
.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Ernest W. Gillard

Signed.....
Student Embalmer

Licensed Embalmer No.....
64080

P. O. Address.....

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.