

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

State File No. 25785

FILED AUG 11 1954

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>1874</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u> | | c. LENGTH OF STAY (In this place) <u>2 mos. 15 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> | | 4581 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>346 Rosedale</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayme</u> | | b. (Middle) <u>E</u> | | c. (Last) <u>Finigan</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1954</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>Nov. 29, 1877</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Month <u>8</u> Days _____ | | IF UNDER 18 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>School</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Thomas Finigan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Swain</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>494-28-0501</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Noonan, sister.</u> | | ADDRESS <u>Same address as patient.</u> | |
| 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. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> | |
| | | ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u> | | | | <u>Years</u> | |
| | | DUE TO (c) <u>Pleurisy with effusion, rt. chest.</u> | | | | <u>Months</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS* <u>Chronic Brain Syndrome</u> | | | | <u>Months</u> | |
| | | 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) (Min.) | | 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 <u>5-15-1954</u> to <u>7-30-1954</u> , that I last saw the deceased alive on <u>7-30-1954</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Joseph A. Costino</u> | | | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>2407 N. Bdway, St. Louis 6, Mo.</u> | |
| 23c. DATE SIGNED <u>7-30-54</u> | | 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Aug. 2, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard B. Cullinane</u> | | ADDRESS <u>Cullinane Bros. 3320 N. Kingshighway</u> | | | |

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 Fred Frick

Licensed Embalmer No. 3186

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.