Health, & Welfare & Public Health Service

S. 300
ev. 1-57

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

46669
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3322

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY St.Louis | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN Mehlville 4000 — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Joseph's Hospital — Length of stay in 1b 2 weeks | d. STREET ADDRESS (If outside, give location) 4100 Lois Lane — Reside on Farm Yes [ ] No [X] |

3. NAME OF DECEASED (Type or print): First Townsend Middle William Last Finnigan

4. DATE OF DEATH: Month December Day 29, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Feb.22,1880

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Monroe Co.,Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Thomas A.Finnigan

13b. MOTHER'S MAIDEN NAME: Mary Jane Tully

14. NAME OF HUSBAND OR WIFE: Cora Finnigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs.Joe Quinn, Address Monroe City,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Anterior Infarction — INTERVAL BETWEEN ONSET AND DEATH 42 hrs (?)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic H.D.

DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 17, 1956, to Dec. 29, 1957 and last saw him alive on Dec. 29, 1957

Death occurred at 8:25 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. R. Nakada MD

22b. ADDRESS Medical West Bldg.

22c. DATE SIGNED 12/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-30-57

23c. NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery

23d. LOCATION (City, town, or county) (State): Monroe City,Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: 12-31-57

26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

## 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 .....
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.