

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007209
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1613**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis, Missouri		c. CITY OR TOWN Webster Groves	
c. LENGTH OF STAY (In this place) 2 Mos. 2 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 04 Barnes Hospital		e. STREET ADDRESS (If rural, give location) 27 148 Sylvester	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Houlahan c. (Last) Finley		4. DATE OF DEATH (Month) (Day) (Year) 2-10-58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED- NEVER MARRIED, DIVORCED, WIDOWED (Specify)	8. DATE OF BIRTH 7-3-45
9. AGE (In years last birthday) 12 Yrs		10. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Thomas Jackson Finley	13b. MOTHER'S MAIDEN NAME Agnes Houlahan	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS June Mansfield 500 S. Kingshighway

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor		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. 193.0		

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)	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 12-7-, 1957, to 2-10, 1958, that I last saw the deceased alive on 2-10-, 1958, and that death occurred at 7:50P m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Middlecamp M.D.</i>	(Degree or title)	23b. ADDRESS <i>500 S. Kingshighway St. Louis 10 Mo.</i>	23c. DATE SIGNED <i>2-11-58</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2-13-58</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Co., Mo.</i>

DATE REC'D BY LOCAL REG. FEB 11 58	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Parker-Aldrich, Webster Groves</i>
--	---	---

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

Quoted - malpractice

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 *Leslie Holch*.....

Licensed Embalmer No. *439*.....

P. O. Address *Wabster, Pa.*.....

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.