

This is to certify that the following information is taken from a certificate of death filed in the Division of Vital Statistics, Pennsylvania Department of Health, as directed by Act 66 of the General Assembly, 1953, P. L. 304.

No 4048

JUN 4 1975

(Date)



Leonard Bachman  
(Secretary of Health)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
VITAL STATISTICS

File No. 64026-33

Primary Dist. No. 39-02-01

Registered No. 801

CERTIFICATION OF DEATH

1. Death Occurred In: <u>Schick</u>			a. County <u>ALLENTOWN</u>			2. Deceased's Mailing Address: <u>24 E. 81<sup>st</sup> Street</u>			a. Street Address		
b. City or Borough <u>Altoona</u>			c. Township			b. Post office, State <u>New York city</u>			3. Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Name of Deceased: <u>Neal Finn</u>			a. First <u>Neal</u>			b. Middle <u>Finn</u>			c. Last		
5. Date of Death: <u>7-7-33</u>			Date			Month <u>7</u>			Day <u>7</u> Year <u>33</u>		
6. Sex <u>M</u>	7. Race <u>W</u>	8. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/>	9. Date of Birth <u>1-24-04</u>	10. Age (in Yrs. last birthday) <u>29</u>	If Under 1 Yr. Months <u>  </u> Days <u>  </u>	If Under 24 Hrs. Hours <u>  </u> Min. <u>  </u>	11. Usual Occupation (even if Retired) <u>professional baseball player</u>	12. Social Security Number	13. Birthplace (State or Foreign Country) <u>N.Y.</u>	14. Citizen of What Country? <u>USA</u>	
15. Full Name of Spouse						16. Mother's Maiden Name <u>Mary McCarthy</u>					
17. Father's Name <u>James Finn</u>						18. Informant's Name and Address <u>Cassie Finn - (as above)</u>					
19. a. Burial <input checked="" type="checkbox"/>		19. b. Date <u>7-10-33</u>		19. c. Name of Cemetery or Crematory <u>Cadaver Cemetery</u>		19. d. Location (City, Boro., Twp & County) (State)					
20. Date Rec'd by Reg. <u>7-7-33</u>			21. Registrar <u>Mary E. Brown</u>			22. Name and Address of Funeral Director <u>Arthur J. Dato 204 E 83<sup>rd</sup> St</u>					

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

FILE 64026

Registered No.

BIRTH NO.		M.E. CASE NO.		1. NAME OF DECEASED (Type or Print) <u>NEAL FINN</u>		2. DATE AND HOUR OF DEATH <u>7-7-1933</u> <u>8:30 A.M.</u>	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>SACRED HEART HOSP. ALLENTOWN, PA.</u>				A. STATE <u>N.Y.</u> B. COUNTY <u>-</u>			
C. CITY OR TOWN (If outside city limits, write RURAL and give township) <u>NEW YORK CITY</u>				D. STREET ADDRESS (If rural, give location) <u>241 E. 81<sup>ST</sup> ST.</u>			
5. SEX <u>M</u>	6. RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN. 24, 1904</u>	9. AGE (in years last birthday) <u>29</u>	If Under 1 Yr. Months <u>  </u> Days <u>  </u>	If Under 24 Hrs. Hours <u>  </u> Min. <u>  </u>	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROFESSIONAL BASEBALL PLAYER</u>			11. BIRTHPLACE (State or foreign country) <u>NEW YORK CITY</u>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>JAMES FINN</u>			14. MOTHER'S MAIDEN NAME <u>MARY MCCARTHY</u>				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>CASSIE FINN, NEW YORK CITY</u>			
18. CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)							
(A) <u>DUODENAL ULCER</u>							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>INTESTINAL OBSTRUCTION</u>							
19A. DATE OF OPERATION <u>6-26-33</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>-</u>		20A. AUTOPSY? (Yes or No) <u>No</u>		20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME OF INJURY (APPROX) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?			
		While At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>					
22. I certify that (I) (this hospital) attended the deceased from _____ 19____ to _____ 19____, that (I) (we) last saw the deceased alive on _____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.							
23A. SIGNATURE						23B. DATE SIGNED <u>7-7-33</u>	
M.D. Attending Phys. <input type="checkbox"/>				Med. Director <input type="checkbox"/>		Staff Phys. <input type="checkbox"/>	
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS			