JAN 4 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

45202

File No. 1236

Registered No.

1. PLACE OF DEATH

County

Registration District No. 1

Township

Primary Registration District No. 1008

City St. Louis Mo (No. 4800 Maffitt Ave St. Ward)

2. FULL NAME John J. Moloney

(a) Residence, No. 4800 Maffitt ave St. 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget Moloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Timothy Moloney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary McGrath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Elizabeth Moloney
(ADDRESS) 4800 Maffitt Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Dec 31, 1934

19. UNDERTAKER J. J. Grimes
(ADDRESS) 4152 Gravois Blvd

20. FILED DEC 30 1934, 19 Jos. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Dec. 28, 1934

I last saw him alive on Dec 28, 1934 Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - sclerosis	
97	

Other contributory causes of importance:

Senility 97

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

28. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. M. Davis, M. D.

(Address) 2424 N. Grand.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD