REC'D MAY 10 1939

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

1791
2093

12972
Do not use this space.

3314

1. PLACE OF DEATH

(a) County 2 Registration District No. 2093

(b) Township or (c) City St. Louis 1 Primary Registration District No. Registered No.

(d) Street No. 3171 California ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME 560 KATHRYN MOONEY

(a) Residence, No. 3171 California ave St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 18-1892

7. AGE: Years 46 - Months 3 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CONFECTIONERY
9. Industry or business in which work was done, as saw mill, bank, etc. OWNER
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 O

FATHER

13. NAME: John. Mooney O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis O

MOTHER

15. MAIDEN NAME: Kathryn Bugley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): Mrs. Kathryn Bugley 3171 California Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: April 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Edw. H. Howard & Son 4212 St. Louis ave

20. FILED: APR 9 1939 J. D. Budlick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939 to April 7, 1939

I last saw h. alive on April 4, 1939. Death is said to have occurred on the date stated above, at 1 P. m.

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

	Date of onset
Several years ago	
chronic dilatation	
of heart	

Other contributory causes of importance:

Myocarditis
Mitral Regurgitation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. 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? No

If so, specify

(Signed) H. T. Frazier, M. D.

(Address) 1109 Chouteau Av.

(Licensed Embalmer's Statement on Reverse Side) St Louis, Mo.

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

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.

I X16603

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Edw P. Howard.....

Licensed Embalmer No.....1443.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.