

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.

JAN 12 1940

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 2
(b) City or town 4218 FLAD AVE.
(c) Name of hospital or institution: ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 60 YEARS
(Specify whether years, months or days)

8. (a) PRINT FULL NAME MARY MOONEY 500

8. (b) If veteran, name war — 8. (c) Social Security No. —

4. Sex FEMALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased UNKNOWN 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>abt 76</u>	<u>UNKNOWN</u>		hr. min.

9. Birthplace IRELAND
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business 5

12. Name MICHAEL MOONEY

18. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name HANORAH HUGHES
(City, town, or county) (State or foreign country)

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catherine Mooney

(b) Address 4218 FLAD AVE.

17. (a) BURIAL (b) Date thereof 12-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 LINDELL BLVD.

19. (a) DEC 10 1939 (b) J. B. Bredich
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4218 FLAD AVE. 60
(If rural, give location)

(e) If foreign born, how long in U. S. A. 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 8,
year 1939 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from June 1935
to Dec 8, 1939, to —, 19...
that I last saw her alive on Dec 8 - 39, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic
arterio sclerosis
chronic interstitial nephritis
Due to age

Due to 181
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? (Specify type of place) (c) Means of injury —

23. Signature Ralph Riley (M. D. or other)

Address MOBILE - ST. LOUIS, MO Date signed DEC 9 - 39

SEP 23 1942

Handwritten notes and scribbles in the top right corner.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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