

SEP 25 1940

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1424 Goodfellow **2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 20 YEARS (Specify whether years, months or days) **YH**

3. (a) PRINT FULL NAME THOMAS RONEY

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife DELLA RONEY 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 12 1875  
(Month) (Day) (Year)

8. AGE: Yrs 65 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation Watchman

11. Industry or business Retired

12. Name Patrick Roney

13. Birthplace unknown Ireland **5**  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine **5**

15. Birthplace unknown Ireland **5**  
(City, town, or county) (State or foreign country)

16. (a) Informant Della Roney

(b) Address 1424 Goodfellow

17. (c) Removal (b) Date thereof 8/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo.

18. (a) Signature of funeral director Baumman Brothers

(b) Address 250 N Woodson Rd Overland Mo.

19. (a) AUG 24 1940 (b) J. B. Bredebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis **L**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1424 Goodfellow  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd  
year 1940 hour 9 minute 31 P. M.

21. I hereby certify that I attended the deceased from June 27th, 1940, to August 23rd, 1940, that I last saw him alive on July 20th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis  
Arterio Sclerosis

Due to myocarditis long standing

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration long standing

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) (e) Means of injury 1

23. Signature John A. Kozelman (M. D. or other)  
Address 1627 Delmar Date signed 8/24/40

**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 *Gustav R. Bannan*

Licensed Embalmer No. *2315*

P. O. Address *Overland, Mo*

**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, fact should be so stated above.**