

Registration District No. **791** Primary Registration District No. **1003**

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:
3910 Labadie Ave. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME **Leo Moloney,**
(b) If veteran, name war **World War** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or 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
March **16** **1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 **6** **27** hr. _____ min.

9. Birthplace **St. Louis** **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur** **0**

11. Industry or business **1**
MOTHER FATHER { 12. Name **Peter Moloney**
18. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Ryan,**
15. Birthplace **Unknown** **Louisiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kressa Moloney**
(b) Address **3910 Labadie Ave.**

17. (a) **Burial** (b) Date thereof **10-16-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (c) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **OCT 14 1940** (b) _____
(Date of death) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **3910 Labadie Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **13**
year **1940** hour **6** minute **45** A.M.
21. I hereby certify that I attended the deceased from **Oct 1-40**
_____ 19 _____ to **Oct 13** 19**40**;
that I last saw him alive on **Oct 12** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Organic Valvular Heart lesion**
Due to _____
Due to **Bronchitis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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 _____
23. Signature **J. M. Shaw** (M. D. or other) _____
Address **Eastern Med Bldg** Date signed **10/13/40**

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

MOTHER FATHER

MOTHER FATHER

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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, above space should be left blank.