FILED MAR 25 1941

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

Do not use this space 7835

1. PLACE OF DEATH
(a) County Bellefontaine Registration District No. 676
(b) Township Dist. No. 6 Primary Registration District No. 5 Registered No. 81
(c) City St. Louis (d) Street No. 1 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.

41 0 0

2. PRINT FULL NAME Mary Shaffner
(a) Residence, No. St.
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Shaffner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1884
7. AGE Years 56 Months 11 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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 Cornelius Moloney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Mary Fitzgerald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Tom Moloney 3817 N. Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Jan 25 1941

19. FUNERAL DIRECTOR (NAME) J. C. Geyer (ADDRESS) 1319 Gravois Ave

20. FILED 2/5 1941 Leo Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 - 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 - 1941 to Jan 22 - 1941
Last saw h... alive on Jan 15 - 1941 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Mitral Dilitation — Date of onset
92 B

Other contributory causes of importance:
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Evidence 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? .....
If so, specify .....
(Signed) A. J. Cerrido M. D.
(Address) 96 Dryden Ave

(Licensed Embalmer's Statement on Reverse Side)

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 INKING INK—THIS IS A PERMANENT RECORD

X14028

RECEIVED
District Health Officer No. 5,
District File Number 341420
Date Filed

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 B. W. Finn

Licensed Embalmer No. 1591

P. O. Address

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.