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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5854**

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 St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

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

(d) Street No. 5129 Page
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Patrick Moroney

3. (b) If veteran, name war No

3. (c) Social Security No. 486-18-4921

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Moroney 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 18 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Wackman Welded Ware Co.

12. Name Hugh Moroney

13. Birthplace Decatur Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Dillon

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

16. (a) Informant Mary Moroney

(b) Address 5129 Page Ave.

17. (a) Burial (b) Date thereof July 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Chas. J. Stuart

(b) Address 1225 Union Blvd.

19. (a) July 10 1942 (b) J. J. Pruesch
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from June 27, 1942, to July 7, 1942;
that I last saw him alive on July 7, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Subperforation of urinary bladder with perforation into peritoneal cavity.

Due to Prostate

Due to Submucosa of prostate

Other conditions (Include pregnancy within 3 months of death) None

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: As above.

Of operations _____

Of autopsy _____

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

(a) None (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)

Means of injury 0

23. Signature Geo. Mad (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 7/8/42

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.....

W. Edward H. Burnley
.....
Licensed Embalmer No. *4202*
.....

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, fact should be so stated above.