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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2936½

State File No. 0

FILED SEP 11 1943

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 1999

96
0
0

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Nazareth Convent 4 Forder Rd. (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. Nazareth Convent, Forder Rd. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sister Mary Ignatia Mooney

3. (b) If veteran, name war ----

3. (c) Social Security No. none

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 1st (Day) 1872 (Year)

8. AGE: Years 71 Months 2 Days -- If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business Parochial School

FATHER
12. Name Michael Mooney
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Ellen Harrigan
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Sister Mother Regina

(b) Address Nazareth Convent, Lemay, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-3-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Cemetery, Lemay, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) SEP 7- 1943 (Date received local registrar) (b) C. G. McGavran (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 14, 1941, to Sept 1, 1943; that I last saw her alive on Aug 30, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	3
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Waldo Hirll (M. D. or other)

Address Lemay R8(23) Mo Date signed 9/3/43

707

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 781 A So. Broadway

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.