

Registration District No. 318 Primary Registration District No. Registrar's No. 362

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

1798

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:  
Pronounced dead at City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 0  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... MICHAEL J. MOONEY

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife..... MARY MOONEY 6. (c) Age of husband or wife if alive..... 60 years

7. Birth date of deceased..... JULY 24 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 18 hr. min.

9. Birthplace..... ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... PUBLIC ACCOUNTANT

11. Industry or business.....

MOTHER, FATHER

12. Name..... MICHAEL MOONEY

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

14. Maiden name..... ELLEN BELAU

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

16. (a) Informant..... MRS. MARY MOONEY

(b) Address..... 553 OAKWOOD AVE.

17. (a) BURIAL (b) Date thereof..... 1-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... CALVARY CEMETERY

18. (a) Signature of funeral director..... Arthur J. Donnelly

(b) Address..... 3840 Lindell Blvd

19. (a) JAN 13 1945 (b) J. J. Bresnahan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County..... ST. LOUIS 96  
(c) City or town..... WEBSTER GROVES 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 553 OAKWOOD AVE. 7  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12  
year 1945 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Arteriosclerosis  
Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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) Means of injury.....

23. Signature..... Patrick E. Taylor (M. D. or other)  
Address..... Key Co Date signed..... 1/12/45

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**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**