S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22823

Registration District No. FILED JUL 15 1947

Primary Registration District No. 3063

Registrar's No. 1444

1. PLACE OF DEATH:

(a) County: ST LOUIS

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

(c) Name of hospital or institution: ST LOUIS Co HOSP
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST LOUIS 96

(c) City or town: PINE LAWN 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 3817 JENNINGS Rd 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME: MICHAEL J MOYNIHAN

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

3. (c) Social Security No. .....

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED 1

6. (b) Name of ~~husband or~~ wife: MARY MOYNIHAN

6. (c) Age of ~~husband or~~ wife if alive: 55 years

7. Birth date of deceased: OCT (Month) 17 (Day) 1889 (Year)

8. AGE: Years 57 | Months 8 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: CHICAGO (City, town, or county) ILL (State or foreign country) 1

10. Usual occupation: PLUMBING CONTRACTOR

11. Industry or business: OWN

FATHER
12. Name: CORNELIUS MOYNIHAN
13. Birthplace: ..... (City, town, or county) IRELAND (State or foreign country) 4

MOTHER
14. Maiden name: MARY JUDITH DEE
15. Birthplace: ST. LOUIS (City, town, or county) MO (State or foreign country) 0

16. (a) Informant: CORNELIUS MOYNIHAN
(b) Address: 3854 FLAD AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVERY Cem.

18. (a) Signature of funeral director: ROWLAND FUNERAL SER
(b) Address: 4355 WASHINGTON AV.

19. (a) 7-7-47 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26th year 1947 hour ..... minute ..... M.

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

	Duration
Immediate cause of death: Cause unknown	
Due to: 2000	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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

PHYSICIAN — Underline the cause of 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) Mode of injury .....

23. Signature: Arthur H. Phillips (Coroner or Other)
Address: Commissioner of Health Date signed: 7-5-47

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Rex Campbell.....

Licensed Embalmer No.....3881.....

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.