

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12785

Registrar's No. 10564

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital | | d. STREET ADDRESS (If rural, give location) 17 - 2253 Klemm | |

| | | | |
|---|------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter V. Moloney b. (Middle) c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1949 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Feb. 5, 1904 |
| 9. AGE (In years last birthday) 45 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? |

| | | |
|------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME John J. Moloney | 13b. MOTHER'S MAIDEN NAME Lucy G. Herman | 14. NAME OF HUSBAND OR WIFE |
|------------------------------------|--|-----------------------------|

| | | | |
|--|-------------------------|--|--------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucy G. Moloney | ADDRESS 2253 Klemm |
|--|-------------------------|--|--------------------|

| | | | |
|--|--|------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 72 hrs. 72 hrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis. Pulmonary edema | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) | ? |
| DUE TO (c) Atherosclerosis of coronary vessel. | | none | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|-----------------------------|---------------------------------------|--|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|-----------------------------|---------------------------------------|--|

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) none (COUNTY) 94 (STATE) |
| 21d. TIME OF INJURY none | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR none |

22. I hereby certify that I attended the deceased from 11-30, 1949, to 12-6, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 5:25 P. m., from the causes and on the date stated above.

| | | |
|---|------------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) Mrs. Stabloff (M.D.) | 23b. ADDRESS 512 Doree Place | 23c. DATE SIGNED 12/7/49 |
|---|------------------------------|--------------------------|

| | | | |
|---|-------------------|---|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-9-49 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|---|-------------------|---|--|

| | | | |
|--------------------------------|------------------------------------|--|-----------------------------|
| DATE REC'D BY LOCAL DEC 8 1949 | REGISTRAR'S SIGNATURE J. B. Laster | 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home | ADDRESS 6322 S. Grand Blvd. |
|--------------------------------|------------------------------------|--|-----------------------------|

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

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

David H. Johnson

Licensed Embalmer No. 4542

P. O. Address 6322 S. Bond

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.