S. No. 300
10-48

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19026

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2087

4000

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (in this place): 2yrs.5 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5325D Gladstone Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 17 Normandy 4171
d. STREET ADDRESS (If rural, give location): 5325D Gladstone Pl. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Timothy
b. (Middle): F
c. (Last): Moloney

4. DATE OF DEATH (Month) (Day) (Year): May 2 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 12,1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor retired
10b. KIND OF BUSINESS OR INDUSTRY: Grading
11. BIRTHPLACE (State or foreign country): St. Louis, 0 Missouri
12. CITIZEN OF WHAT COUNTRY?: Ws.

13a. FATHER'S NAME: Timothy Moloney
13b. MOTHER'S MAIDEN NAME: Mary Mc.Grath
14. NAME OF HUSBAND OR WIFE: Julia Gannon Moloney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-12-9582A
17. INFORMANT'S SIGNATURE OR NAME: Julia Gannon Moloney
ADDRESS: 5325D Gladstone

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 290.0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 9, 1951, *to* May 2, 1951, *that I last saw the deceased alive on* May 1, 1951, *and that death occurred at* 8:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. D. Wenzel M.D.
23b. ADDRESS: 462 Yo Taylor
23c. DATE SIGNED: 5/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5,1951
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 5/4/51
REGISTRAR'S SIGNATURE: Herbert R. Doinke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Cullinane Bros.
ADDRESS: 3320 N.KIngshighway

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Fred Frick

Licensed Embalmer No. 3186

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.