

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33749

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9085

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 township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 16 4157 Tholozan Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4157 Tholozan Ave.,			

3. NAME OF DECEASED (Type or Print) Margaret C. Mooney,			4. DATE OF DEATH September 19, 1953		
a. (First)	b. (Middle)	c. (Last)	5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,
8. DATE OF BIRTH September 2, 1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector,		10b. KIND OF BUSINESS OR INDUSTRY Jos. Lipic Pen Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis,	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Albert A. Schaefer		13b. MOTHER'S MAIDEN NAME Josephine Groepper,		14. NAME OF HUSBAND OR WIFE George A. Mooney,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-07-3392		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George A. Mooney, 4157 Tholozan Ave.,	

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

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma jejunum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X	

22. I hereby certify that I attended the deceased from Jan, 1948, to Nov, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond M. ...		23b. ADDRESS 5203 Clapper		23c. DATE SIGNED 9-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/22/53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.			
DATE REC'D BY LOCAL REG. SEP 21 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	

(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 _____

Licensed Embalmer No. _____

P. O. Address _____
2842 Meramec St.
St. Louis, 18,

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.