

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4512 THOLOZAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>4512 THOLOZAN</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>P.</u>	c. (Last) <u>MOLONEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 6 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 11 1884</u>	9. AGE (In years last birthday) <u>70</u>	f UNDER 1 YEAR Months	g UNDER 1 YEAR Days	h UNDER 1 YEAR Hours	i UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FALSTAFF BREWERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>
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13a. FATHER'S NAME <u>JOHN MOLONEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY DOWNS</u>	14. NAME OF HUSBAND OR WIFE <u>MATHILDA MOLONEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-18-8573</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MATHILDA MOLONEY</u>	ADDRESS <u>4512 THOLOZAN</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning</u>		<u>3 weeks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) <u>Abdominal metastases</u>		<u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>July 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum &amp; abdominal metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>154X</u>
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22. I hereby certify that I attended the deceased from Sept. 1954, to Marche, 1955, that I last saw the deceased alive on 3-5-1955, and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Holcomb, D.O.</u>	23b. ADDRESS <u>21800 A Lafayette</u>	23c. DATE SIGNED <u>3-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MAR. 9 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>MAR 7 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ruter</u>	ADDRESS <u>2906 Gravois</u>
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Harner C. Dill*

Licensed Embalmer No. 434

P. O. Address 2906

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.