

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011626
State File No.

BIRTH NO. FILED APR 6 1959 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 869

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4423	
c. LENGTH OF STAY (in this place) D.O.A.		d. STREET ADDRESS (If rural, give location) 6333 N. Rosebury	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) F	c. (Last) MOONEY	4. DATE OF DEATH (Month) (Day) (Year) March 30th 1959.
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Inspector	10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (State or foreign country) Erie, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John F. Mooney	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Elizabeth Mooney
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. U.S. Civil Service	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Mooney 6333 N. Rosebury
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH. 40 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardi-Vascular Disease 5-6 weeks		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4201 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?
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22. I hereby certify that I attended the deceased from Jan 3 1956 to Mar 30 1959, that I last saw the deceased alive on 3/26 1959, and that death occurred at 9:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward W. Gubinski (Degree or title) MD	23b. ADDRESS 3701 Grand St	23c. DATE SIGNED 3/30/59
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal APRIL 1, 1959	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY LOCAL	24d. LOCATION (City, town, or county) (State) Erie Pennsylvania
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DATE REC'D BY LOCAL REG 231-59	REGISTRAR'S SIGNATURE John C. Murphy, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Bocklage 6536 Clayton Rd.
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

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.