

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029568

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2079 STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH
a. COUNTY ST. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Louis Co. Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ST Louis
c. CITY OR TOWN Wellston Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1109 a Delaware Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Bridget Middle Roney Last Roney 4. DATE OF DEATH Month 7 Day 13 Year 62

5. SEX Female 6. COLOR OR RACE WH 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-16-1874 9. AGE (last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) ST. Louis 12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME Michael Shaughnessy 13b. MOTHER'S MAIDEN NAME MARY BERGIN 14. NAME OF HUSBAND OR WIFE Thomas RONEY

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. NONE 17. INFORMANT Daniel Shaughnessy Address 9635 Cherryfield Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema
DUE TO (b) Acute left ventricular insufficiency
DUE TO (c) Arteriosclerotic heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic gastric ulcer
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 3:35 a.m. p.m. Month, Day, Year 7-9-62

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-9-62 to 7-13-62 and last saw her alive on 7-13-62
Death occurred 3:35 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Michael H. D'Arcy MD 22b. ADDRESS 6815 Brentwood Clayton Mo. 22c. DATE SIGNED 7/14/62

23a. BURIAL CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-17-62 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) ST Louis (State) Mo.

24. FUNERAL DIRECTOR Lupton Inc ADDRESS 7233 Belma 25. DATE RECD. BY LOCAL REG. 7-16-62 26. REGISTRAR'S SIGNATURE J. M. Murphy MD

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Clarence H. Murray

Licensed Embalmer No. 4011

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.