WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22392

File No. 6584

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. , City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Andrew C. Maroney

(a) Residence. No. American Hotel (Usual place of abode) St. 25 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 22 1862

7. AGE: Years 65 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Attorney

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Decatur Ill

PARENTS

10. NAME OF FATHER: John Maroney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Ellen Godfrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Margaret Maroney

(Address) 4960 Bancroft ave

15. FILED JUN 22 1927 Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928, to June 21, 1928, that I last saw alive on June 20, 1928, and that death occurred, on the date stated above, at 2:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

Myocardial Failure

Since my attendance (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Gastritis due to Alcohol (duration) 10 yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? 900

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) E. A. Mercier, M. D.

, 19 (Address) 911 Arcade Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: June 23 1928

20. UNDERTAKER: J. P. Murrello Sons — ADDRESS: 1407 Market St.