MAR 28 1930

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

Do not use this space.

6245

1. PLACE OF DEATH
County St. Louis
Township Central
City Overland (No. Overland Hospital St. Ward)

Registration District No. 789
Primary Registration District No. 6033 B

File No.
Registered No. 70

2. FULL NAME Pauline Maloney
(a) Residence. No. Overland Hospital St. Ward. Shreveport, La.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. E. Maloney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21, 1874

7. AGE 55 YEARS 3 MONTHS 20 DAYS If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shreveport, La.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER — Thorne.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisiana
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER D. K. Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisiana
(STATE OR COUNTRY)

14. INFORMANT Pauline U. O'Connell
(Address) Overland, Mo.

15. FILED 2/24, 1930 Nolla Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2-21-30

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1930, to Feb 21, 1930 that I last saw her alive on Feb 21, 1930, and that death occurred, on the date stated above, at 1 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the uterus
4 8
(duration) yrs. ✓ mos. ds.

CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Shreveport, La.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 18, 1930
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs & operation
(Signed) John O'Connell, M.D.
2/22, 1930 (Address) Overland, Mo.

*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 Shreveport, La.
DATE OF BURIAL Feb-24 1930

20. UNDERTAKER Cullinane Bros.
ADDRESS 1710 N. Grand St. Louis, Mo.

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.