

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

Do not use this space.

42250

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. 725-B, Shenandoah) St. .... Ward)

File No.....  
Registered No. 11380

**2. FULL NAME**

Martin L. Moloney  
(a) Residence, No. 725-B Shenandoah, 23 Ward. (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estelle Moloney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3rd 1891</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>8</u>
	DAYS <u>17</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>night Watchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>182</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1, 1931</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Thomas Moloney</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Anney Mc Grath</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Estelle Moloney</u> (ADDRESS) <u>725-B Shenandoah</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabany</u> DATE <u>Dec. 23</u> , 19 <u>32</u>		
19. UNDERTAKER <u>Black Brothers</u> (ADDRESS) <u>2201 N. Grand</u>		
20. FILED <u>DEC 22 1932</u> (Signature) <u>W. C. Parker</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1932

2. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932 to Dec 20, 1932  
I last saw him alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 9:05 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach  
Date of onset April 1931

Other contributory causes of importance:  
4-6 B

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. (1)

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Edward Veniger, M. D.  
(Address) 2002 S. Edison

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.

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

