

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

Do not use this space.

14703

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Louis Baptist Hospital) St. Ward)

File No. 3206
 Registered No.
 St. Ward)

2. FULL NAME Natherine Conroy Moloney

(a) Residence, No. Wabash Country Club St., 12 Ward. Ferguson Missouri
 (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 Female 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 William O. Moloney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26, 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... St. Louis Mo
 (STATE OR COUNTRY)

FATHER 13. NAME George Conroy

14. BIRTHPLACE (CITY OR TOWN)..... Ireland
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Walsh

16. BIRTHPLACE (CITY OR TOWN)..... Ireland
 (STATE OR COUNTRY)

17. INFORMANT John Moloney
 (ADDRESS) Ferguson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4-6th 1933

19. UNDERTAKER Thos. J. Flannery Mortuaries
 (ADDRESS) 422 1/2 N. Main St. St. Louis

20. FILED: APR - 6 1933 Max Esterline Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 4 1933
 22. I HEREBY CERTIFY, That I attended deceased from 4/2 1933, to 4/4 1933
 I last saw him alive on 4/4 1933 Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:

acute myocarditis 4/4/33
101B
93A 12/1
 Other contributory causes of importance:
acute purulent appendicitis 4/2/33

Name of operation appendectomy Date of 4/3/33
 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.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify.....
 (Signed) J. P. Berman M. D.
 (Address) 940 - No. Bldg.

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.

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