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.

MAR 24 1934

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

Do not use this space.

File No. 6891

Registered No. 1751

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. 4547 A. Wichita ave St. Ward)

2. FULL NAME Daniel Maloney

(a) Residence, No. 4547 A Wichita St., 18 Ward.
(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: Male

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Mary Maloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19, 1859

7. AGE: Years 74 | Months 9 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 9 yrs ago

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hartford Ind

FATHER

13. NAME: Michael Maloney

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

MOTHER

15. MAIDEN NAME: Ann Farrell

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

17. INFORMANT: Mary Maloney
(ADDRESS) 4547 A Wichita Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Feb 20, 1934

19. UNDERTAKER: Kiefaber, Martuarie
(ADDRESS) 4104 Meyerbolz ave

20. FILED FEB 19 1934, 19 J. J. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1930, to Feb. 17, 1934

I last saw him alive on Feb. 15, 1934. Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	Feb. 17
La Grippe	
93C	
11B	
162	

Other contributory causes of importance:
Chronic cardiac
Senility

Name of operation Date of

What test confirmed diagnosis? Exams 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) Forest H. Staley, M. D.

(Address) 4500 Olive St

4.500 elim

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10:30 - 12