AUG 9 1935

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

Do not use this space.

25001

791

1003

File No. 6452

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St John's Hosp. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Sarah Mahoney

(a) Residence, No. 4805 Terrace ave St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Mahoney

DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10, 1860

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	4	19	

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

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling West Virginia

13. NAME Unknown Monaghan

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

15. MAIDEN NAME Unknown

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

INFORMANT John F. Mahoney
(ADDRESS) 4805 Terrace Ave

BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Aug 7-31 1935

UNDERTAKER Kingshauser Mortuaries
(ADDRESS) 4228 So Kingshighway

FILED JUL 29 1935 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to July 29, 1935

I last saw her alive on July 29, 1935. Death is said to have occurred on the date stated above, at 2:10 A m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Heat Prostration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) E. H. Bowden, M. D.

(Address) 6337 Clayton Ave

Dr Bauderu