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.

JAN 13 1936

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

Do not use this space.

41462

File No. 10687

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St. Louis (No. City Hospital #1, 1003 St. ..... Ward)

2. FULL NAME Thomas O. Maloney Jr.

(a) Residence, No. 4632 So. Grand St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11 1890

7. AGE: Years 45 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 12/14/35

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

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

FATHER

13. NAME: Thomas O. Maloney Sr.

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

MOTHER

15. MAIDEN NAME: Ann Gaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnatti O.

17. INFORMANT (ADDRESS): Ann Maloney 4632 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Dec. 19th. 1935

19. UNDERTAKER (ADDRESS): Wm. Schumacher 3013 Meramec St.

20. FILED DEC 18 1935 19 ..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16th. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....; to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30 p.m.

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

	Date of onset
Gunshot Wound of Left Chest	
Gunshot Wound of Upper Abdomen	
Gunshot Wound of Right Leg	

Other contributory causes of importance:

Homicide	173

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? Hom. Date of injury 12/14/35, 1935

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury Shot by Person

Nature of injury Gunshot Wound of Left Chest

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner

12/18/35