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.

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

JAN 10 1937

Do not use this space.

46279

1. PLACE OF DEATH

County ..... Registration District No. 1003 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 12065

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

2. FULL NAME Mary Agnes Moynihan,

(a) Residence, No. 3951 Evans Ave. St., 11 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: Female
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 Patrick J. Moynihan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	--	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) Ireland

FATHER

13. NAME John Mahon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Ann Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Dewey Moynihan 3951 Evans Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec. 9, 1936

19. UNDERTAKER (ADDRESS) CULLINANE BROS 1710 N GRAND BLVD.

20. FILED DEC 3 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1936, to 12-6, 1936

I last saw her alive on 12-6, 1936 Death is said to have occurred on the date stated above, at 1 am m.

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

	Date of onset
~~11-30-36~~	
Acute Pancreatitis	11-30-36
~~[illegible]~~ Cause Unknown	

Other contributory causes of importance: ~~Shock~~ 128

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Lab. 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) John J Hammond, M. D.

(Address) Missouri Theatre Bldg

Lee Hammond