

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

Do not use this space.

1. PLACE OF DEATH **SEP 25 1937**  
 County St. Louis Registration District No. 789  
 Township Normandy Central Primary Registration District No. 6033B  
 City St. Louis (No. 1) Mother of Good Counsel Home, a. S. Ward 2-11

2. FULL NAME Anna Maloney  
 (a) Residence, No. 6825 Nat. Bridge St.          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.

File No. 31748  
 Registered No. 2-11

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>f</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Maloney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/21/1892</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>7</u>
		13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) <u>St. Louis</u> (STATE OR COUNTRY) <u>MO.</u>		
FATHER	13. NAME <u>John L. Morley,</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>MO.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Anna Curtis</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>MO.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Harry A. Levi,</u> (ADDRESS) <u>4517 Parkview</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>8/7/37</u> , 19 <u>37</u>		
19. UNDERTAKER <u>Arthur Romell,</u> (ADDRESS) <u>3840 Lindell Blvd.</u>		
20. FILED <u>Aug 4 - 19 37</u> <u>W. A. Boehmer</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1933 to Aug. 4th, 1937  
 I last saw her alive on Aug. 2nd, 1937 Death is said to have occurred on the date stated above, at 10 Am.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral apoplexy left side, causing hemiplegia entire rt. side. Cholelithiasis, Cholecystitis, Myocarditis, endocarditis, involving aortic valve, causing insufficiency. Secondary; Cholecystitis, uremia, cerebral paresis. Has been in Home of incurables.  
 Other contributory causes of importance: g. a. a.  
 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?           
 If so, specify           
 (Signed) Subert Junor, M. D.  
 (Address) 3718 Jennings, Rd.  
8/4/37

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.

