

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

32281

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Maloney, Mary**

(a) Residence, No. **5800 Arsenal St. City Infirmary** Hospital/.
 (Usual place of abode, if no street address, write county or city) (b) **13** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 14 1868**
 7. AGE YEARS **69** MONTHS **6** DAYS **19** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **X Cra cker Pa cker**
 10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky. Frank.**

FATHER 13. NAME **Thomas Maloney** 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Mary Gibbons** 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Margaret Lizotte** (ADDRESS) **1416 A. N. 20 th.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **9/7/37**

19. FUNERAL DIRECTOR **W.A. Stock Und Co.** (ADDRESS) **2117 E. Grand Ave.**

20. FILED **SEP 4 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 3, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 8, 187, to September 3, 1937**
 I last saw her alive on **September 3, 1937**. Death is said to have occurred on the date stated above, at **5:40 m. A.M.**
 The principal cause of death and related causes of importance were as follows:

Regenerative Heart Disease
Arteriosclerosis
 Date of onset

Other contributory causes of importance:

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) **Geo. S. Bordin** M. D.
 (Address) **City Infirmary**

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

Me

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Frank A. Moore

Licensed Embalmer No. 3041

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)