

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

8975
Do not use this space.
2564

REC'D APR 1 1938

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **2209 Hebert** St. _____
 (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 **ELLEN MOYNIHAN 550**
 (a) Residence, No. **2209 Hebert** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 24 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **HOUSEKEEPER**
 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) **NORMANDY MO**

FATHER
 13. NAME **JOHN MOYNIHAN**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

MOTHER
 15. MAIDEN NAME **ELLEN BUCKLEY**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

17. INFORMANT **Miss Jeanne**
 (ADDRESS) **2209 Hebert St (Little Sister of the Deceased)**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. FERDINAND** DATE **3-19 1938**

19. FUNERAL DIRECTOR **MORTISSANT AND DR. CURR J. DONOVAN**
 (ADDRESS) **3840 LINDSEY BLVD**

20. FILED **MAR 17 1938** **J. P. Budick** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 3, 1938** to **March 16, 1938**
 I last saw h. **live** on **March 16, 1938**. Death is said to have occurred on the date stated above, at **3:00 p.m.**
 The principal cause of death and related causes of importance were as follows:
Chronic Cordiac Valvular Disease
Arteriosclerosis

Other contributory causes of importance: _____

Name of operation **None** Date of _____
 What test confirmed diagnosis? **Clinical** 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) **Anthony A. Drefarski M. D.**
 (Address) **1525 a Cass Ave**

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.

1-1-121204

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Stanley Marchlew
Licensed Embalmer No. 2868

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.)