

REC'D APR 12 1939

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

8255

Do not use this space.

2020

1. PLACE OF DEATH

- (a) County..... 3 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) or City..... St. Louis..... (d) Street No..... 3961a Olive Street..... 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

- 500 John T. Mooney.
(a) Residence, No. 5641 Enright Ave. St. 5 (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 Male	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) Unknown - 1858		
7. AGE YEARS abt 81	MONTHS Unknown	DAYS Unknown
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.		
9. Industry or business in which work was done, as saw mill, bank, etc. Cigar Maker.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN)..... St. Louis. (STATE OR COUNTRY)		
13. NAME Thomas J. Mooney.		
14. BIRTHPLACE (CITY OR TOWN)..... Ireland. (STATE OR COUNTRY)		
15. MAIDEN NAME Dont know.		
16. BIRTHPLACE (CITY OR TOWN)..... Ireland. (STATE OR COUNTRY)		
17. INFORMANT Mrs. H. Tegeler. (ADDRESS) 4818 Greer Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 3, 1939.		
19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.		
20. FILE MAR 2 1939 J. J. Buehler Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1939

22. I HEREBY CERTIFY that I attended deceased from Feb 28th 1939 to Feb 28th 1939
I last saw him alive on Feb 28th 1939 Death is said to have occurred on the date stated above, at 3:10 A.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis	Date of onset About 1929
Acute Bronchitis	2/25/39

Other contributory causes of importance:

Name of operation no 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? no 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) J. J. Gallagher, M. D.
(Address) Wall Bldg 3903 Olive

(Licensed Embalmer's Statement on Reverse Side)

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.

Wm. H. H. H.
2-3-68

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.