

WHITE PENCIL—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34086**  
Registrar's No. **8624**

NOV 13 1939 791  
Registration District No. **1002** Primary Registration District No. \_\_\_\_\_

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**1. PLACE OF DEATH:** **2**

(a) County \_\_\_\_\_  
 (b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **3349 Sublette**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **THOMAS J. MAHONEY** **503**  
**8. (b) If veteran, name war** **NO** **8. (c) Social Security No.** **NONE**

**4. Sex** **MALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **SINGLE**  
**6. (b) Name of husband or wife** **XX** **6. (c) Age of husband or wife if alive** **XX** years  
**7. Birth date of deceased** **April 28 1876**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	63	5	9	hr. min.

**9. Birthplace** **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **GROVEY CLERK**

**11. Industry or business** **GROCERY**

**MOTHER FATHER**

**12. Name** **PATRICK MAHONEY** **5**  
**18. Birthplace** **IRELAND** **5**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **MARY SHEEHAN**  
**15. Birthplace** **IRELAND**  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** *Mrs. A. Lyons*  
**(b) Address** **3349 SUBLETTE AVE.**

**17. (a)** \_\_\_\_\_ **(b) Date thereof** \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **CALVARY CEMETERY**

**18. (a) Signature of funeral director** **FEETZ BROS.**  
**(b) Address** **3029 LAFAYETTE AVE.**

**19. (a)** **OCT 9 1939**  
(Date received local registrar) *J. J. [Signature]*  
(Date) (Day) (Year) (Signature)

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**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **1**  
 (c) City or town **ST. LOUIS** **14**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3349** **SUBLETTE AVE.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **LIFE** years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **OCTOBER** day **7th.**  
 year **1939** hour **7.15** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **June 29**  
**1939** to **Oct 7** **1939**  
 that I last saw him alive on **Oct 7** **1939**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
*Bleeding Intestinal Neoplasm  
 Hypertension*

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_

**Other conditions**  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**While at work?** \_\_\_\_\_  
(Specify type of place) (c) Means of injury

**23. Signature** *J. J. Lyons* (M. D. or other) **1**  
**Address** **5589 [Address]** **Date signed** \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

*Dr. Goodell  
Mort 12/31  
11:30*

**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 *Frank J Owens*

Licensed Embalmer No. *2245*

P. O. Address.....

**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.**