

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

5167
 Do not use this space.

1. PLACE OF DEATH 2 791

(a) County..... 2 Registration District No. 791
 (b) Township..... 0 Primary Registration District No. 1003
 (c) City ST. LOUIS MO. or (d) Street No. 7303 Vermont 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 Cornelius Mahoney

(a) Residence, No. 7303 Vermont St. 1 (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) SEPT. 15 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	5	11	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year) 7-1940 11. Total time (years) spent in this occupation. 25 1/2

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS MO (STATE OR COUNTRY) Mo

13. NAME William Mahoney

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) I

15. MAIDEN NAME Ellen Carey

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) I

17. INFORMANT Edith Harbaugh (ADDRESS) 7303 Vermont

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE 3-1 1940

19. FUNERAL DIRECTOR (NAME) Southern (ADDRESS) 1322 Grand
J. F. Bredich
 Local Registrar.

20. FILED FEB 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1940, to 2-26, 1940
 I last saw him alive on 2-26, 1940 Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic hypoxemia

Other contributory causes of importance: Coronary atherosclerosis 2-26-40

Name of operation None Date of no

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) Owen J. M. James, M. D.
 (Address) 7606 Weber

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.

I X16603

7606 D. ...
Home ...
Stone

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: *Virgil L. Berryman*
Licensed Embalmer No. *4018*
P. O. Address: *St. Louis Mo.*

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.