

Registration District No. **784**

Primary Registration District No. **111**

Registrar's No. **2177**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Mary's Hospital**
(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)

8. (a) PRINT FULL NAME **Jennie E. Mooney**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 18, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	28	hr. _____ min. _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Stenographer**

11. Industry or business **Scullen Steel Company**

12. Name **John Mooney**

13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget Robin**

15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **James W. Mooney**

(b) Address **2218 Tower Grove Ave.**

17. (a) **Burial** (b) Date thereof **Nov. 19, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Wm J. Robert & U. Co.**

(b) Address **1905 So. Grand Blvd.**

19. (a) **NOV 18 1940** (b) **D. K. Meyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2218 Tower Grove Avenue**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16**
 year **1940** hour **8** minute **50** P.M.

21. I hereby certify that I attended the deceased from **Oct 20, 1940** to **Nov 16, 1940**
 that I last saw her alive on **Nov 16, 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Choleaemia - Carcinoma of Liver**

Due to **Carcinoma Stomach**

Due to _____
 Other conditions **4/10**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Liver**
Carcinoma Stomach
 Of autopsy **None**

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)
 (a) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
 Address **[Address]** Date signed **11/10**

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.

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2177

MOTHER FATHER

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.....

John Ketter
.....
Licensed Embalmer No..... 3880

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.