

No. 2
13-40
17-39
X23159

STANDARD CERTIFICATE OF DEATH

State File No. 20382

791

1003

Registration District No.

Primary Registration District No.

Registrar's No. 5194

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Paul Hospital
(d) Length of stay: In hospital or institution 2 weeks
In this community 55 years

3. (a) PRINT FULL NAME MAUD MALONEY

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

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

6. (b) Name of husband or wife Thomas Maloney 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 6, 1886

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>17</u>	<u>hr. min.</u>

9. Birthplace St. Louis, Mo.

10. Usual occupation House work

11. Industry or business Self

12. Name Gertrude Connors

13. Birthplace Ireland

14. Maiden name Margaret Lohan

15. Birthplace Ireland

16. (a) Informant Mrs. H. Cole

(b) Address 6901 Lexington Ave.

17. (a) Burial (b) Date thereof June 25, 1941

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. F. Howard

(b) Address 4212 St. Louis Ave.

19. (a) JUN 24 1941 (b) J. W. Braddock

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 5018 Northland Ave.
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 12/41
to June 21/41
that I last saw her alive on June 19, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia. Duration 48 hr

Due to Peritonsillar abscess
caused by streptococcus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Bronchopneumonia

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

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Sheldon Hardy (M. D. or other) M.D.
Address 5397 Grand Ave. Date signed 6/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
7
9

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.....

Gas A Howard

Licensed Embalmer No. *3941*

P. O. Address *4212 ST LOUIS AV*

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, fact should be so stated above.