S. No. 2
—1-4-41
. 5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29976

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7315

1. PLACE OF DEATH:

(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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-weeks (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 2 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5519 Finkman Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine Moise

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced 1 M.

6. (b) Name of husband or wife Lyle A. Moise

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown (Month) (Day) 1883 (Year)

8. AGE: Years 58 Months Unknown Days If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick O'Malley
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Madden
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Eleanor M. O'Malley
(b) Address 5519 Finkman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 10 1941 (Date received local registrar) (b) J. P. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th., year 1941 hour 6 minute 20 a. M.

21. I hereby certify that I attended the deceased from Jan 22, 1941, to Sept 9, 1941, that I last saw her alive on Sept 8, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic carcinoma of many bones of body	2
Due to Carcinoma of breast	1938
Due to Unknown cause	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of left breast + axilla

Of autopsy —

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? — (City or town) (County) (State)

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

While at work? — (e) Means of injury —

23. Signature [illegible] (M. D. or other)

Address 1117 N Grand Date signed Sept 9/41

(Licensed Embalmer's Statement on Reverse Side)

1117 N. Grand Blvd.

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.