G. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40082

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 9794

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo-27 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 12 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5137 Kensington Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Moyna

3. (b) If veteran, name war ****

3. (c) Social Security No. ****

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased September 6 1895 (Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Martin Gibbons
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary ????
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital Records

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) DEC 10 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1941 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from October 6, 1941, to December 2, 1941; that I last saw er alive on December 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: multiple neuritis	78 days
Cirrhosis of liver	
Due to: Chr. ethyl alcohol poisoning	
Due to:	
Other conditions: Bed sores over sacrum & buttocks (Include pregnancy within 3 months of death)	1 mo

Major findings:
Of operations
Of autopsy NONE

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 L. V. Mulligan (M. D. ~~or other~~)
Address 1515 Lafayette Ave., Date signed 12/10/41

(Licensed Embalmer's Statement on Reverse Side)

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. Dwen

Licensed Embalmer No. 2245

P. O. Address. St Louis Mo

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.