

19038

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 15 1942

Registration District No. 8

Primary Registration District No. 101

Registrar's No. 1240

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. U. 6722a Crest Ave.,  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Cecilia Mahoney

3. (b) If veteran, name was unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1942 hour 11 minute 23 p. M.

21. I hereby certify that I attended the deceased from 5-21-42  
5-21-42, 1942, to 6-4-42, 1942;

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 8 1857  
(Month) (Day) (Year)

that I last saw her alive on 6-4-42, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus debilitation Duration day

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

Due to Septicemia & pyelitis of prostatic gland with

Due to sepsis no

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

10. Usual occupation nil.

Other conditions 1330  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Tim Mahoney

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

14. Maiden name Mary Cahill

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

Major findings: 1330

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature [Signature]

(b) Address 9102 Maplewood

17. (a) \_\_\_\_\_ (b) Date thereof 6-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 2223 St. Louis Ave.

19. (a) JUN 5 - 1942 (b) [Signature]  
(Date received) (Registrar's signature)

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) (e) Means of injury 0

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

Address [Address] Date signed 6/15/42

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

Rev. 5-17-39  
1-11831

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.

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

**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.**

1501 7/21