

FILED APR 9 1943

318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

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. 4725a Le Duc
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John R. Mooney

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Virginia Mooney 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 9-28-1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 6 1 hr. min.

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

10. Usual occupation Chauffeur for Police Dept.,

11. Industry or business St. Louis Police Department

12. Name of decedent McARCEL Mooney

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

14. Maiden name Josephine Mansfield,

15. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Mooney-wife

(b) Address 4725a LeDuc

17. (a) Burial (b) Date thereof 4-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 No. Euclid
MAH 30 1943 (c) J. J. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1943 hour 10 minute 25A M.

21. I hereby certify that I attended the deceased from January 28, 1943, to March 29, 1943, that I last saw him alive on March 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Empyema of Pt. pleural cavity Duration 6 weeks

Due to Virus Pneumonia 2 weeks

Due to 20

Other conditions Lytic Antibodies Many Years
Lytic Antibodies (Finger joint)
Major findings: Emulent pleural fluid
Of operations.....
Of autopsy Empyema, Collapse, Lytic Antibodies

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?

While at work (Specify type of place) (b) Means of injury.....

23. Signature James H. Cummings (M. D. or other) James H. Cummings
Address 4725a LeDuc St Date signed 3/30/43

Dr. Cummings,
444 No. Euclid
1-3:30 PM 3-30-43

1 Certified Copy

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 *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis, Mo.*

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.