S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30186

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8099

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

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: 3921 Folsom (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 58 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 179

(d) Street No. 3921 Folsom (If rural, give location)

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

If yes, name country 10

3. (a) PRINT FULL NAME Edw. J. Mahoney

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of husband or wife Annie Ryan

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 17, 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Porter (Retired)

11. Industry or business Department Store

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

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

16. (a) Informant Edw. J. Mahoney 1

(b) Address 3921 Folsom Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 S. Grand Blvd.

19. (a) SEP 11 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1943 hour 12:10 minute A M.

21. I hereby certify that I attended the deceased from Sept 10 1943 19 to Sept 10 1943 that I last saw him alive on Sept 10th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 6 Mo

Due to Arterio Sclerosis — 5 Yrs.

Due to

Other conditions — (Include pregnancy within 3 months of death) 93

Major findings: Of operations —

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 D. N. Owen (M.D. or other)

Address 3833 Folsom Date signed 9/10/43

(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 William T. Hurons

Licensed Embalmer No. 4319

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.