

FILED SEP 17 1943
 Registration District No. **8**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County **St. Louis, Missouri**
 (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:
4928 Maffitt Pl.
(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

3. (a) PRINT FULL NAME **Bridget Tallon**
 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 **June 29th 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 7 _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Mooney**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Anna Lawler**
 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Peter A. Tallon,**
 (b) Address **4928 Maffitt Place**

17. (a) **burial** (b) Date thereof **9-8-43**
(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 North Euclid Ave.**

19. (a) **SEP 7 1943** (b) **J. H. Redick**
(Date received local registrar) (Registrar's signature)

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. **4928 Maffitt Place,**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **6th**
 year **1943** hour _____ minute **17.** M.
 21. I hereby certify that I attended the deceased from **August 1**, 1943 to **Sept 7**, 1943
 that I last saw her alive on **Sept 6**, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Trauma pulmonary Edema.**
Carcinoma Thymic (Primary)
 Due to _____
 Due to **Ch Myocarditis**
 Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____

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) (by means of injury)
 Signature **J. H. Redick** (M. D. or other) _____
 Address **4928 Maffitt Pl.** Date signed **9/7/43**

Duration **2 hrs**
 Physician _____
 Underline the cause to which death should be charged statistically.

Mr. Kohler
4919 Miffitt
Fo 7887
after 5

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 P. 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.