S. No. 2
DM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10285

FILED DEC 22 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10779

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: Christian Hospital O
(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 Louisiana (b) County Parish Orlean 999

(c) City or town New Orleans 15
(If outside city or town limits, write "RURAL")

(d) Street No. 3607 Magazine Ave NR
(If rural, give location)

(e) Citizen of foreign country? 12/4 (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Frank H. Mooney

3. (b) If veteran, name war

3. (c) Social Security No. not known

4. Sex M

5. Color or race W O

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

6. (b) Name of husband or wife Effie Mooney

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February 10 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
~~52~~ 53	9	24	hr. min.

9. Birthplace New Orleans (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation General Foreman

11. Industry or business I. C. R. R.

FATHER
12. Name Frank T. Moooney
13. Birthplace New Orleans (City, town, or county) La 1 (State or foreign country)

MOTHER
14. Maiden name Anna Burns
15. Birthplace New Orleans (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Mrs. Effie Mooney
(b) Address New Orleans, La.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Orleans, La.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 7 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1943 hour 8 minute a M.

21. I hereby certify that I attended the deceased from 12/3 43, to 12/4 1943;
that I last saw him alive on 12/4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Disease	2 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 O

23. Signature F L Moore (M. D. or other)
Address 607 N Grand Date signed 12/4 43

(Licensed Embalmer's Statement on Reverse Side)

64201

64201

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 E. Kaffe

Licensed Embalmer No. 2971

P. O. Address.....

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.