S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13128

FILED MAY 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4062

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5604 Morganford
(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 Mo (b) County 5
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1292 Goodfellow (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country 0

3. (a) PRINT FULL NAME Richard C. Mooney

3. (b) If veteran, name war No 3. (c) Social Security No. 492-05-7112

4. Sex Male 5. Color or race Wh 6. (b) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adelaide 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August (Month) 6 (Day) 1902 (Year)

8. AGE: Years 41 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation Stagehand

11. Industry or business Loews Theatre

FATHER
12. Name John Mooney
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Josephine Scharfenberg
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Natalie Faulstich
(b) Address 1292 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.

19. (a) MAY 2 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1944 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Hypertrophic endo + Myocarditis	
Due to	
Due to	92
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

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 James J. Fitzsimmons Coroner (M. D. or other)
Address 1300 Clark Date signed 5/2/44

(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: John Ogorocki

Licensed Embalmer No. 3398

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.