

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

3
9
6871

FILED JAN 31 1945 318
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2107 So. Grand
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2107 So. Grand (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Agnes C. Maloney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1945 hour 6:30 minute 9 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John M.
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec. 26th, 1944 to Jan. 23rd, 1945
that I last saw her alive on Jan. 22nd, 1945
and that death occurred on the date and hour stated above.

7. Birth date of deceased December 20, 1885
(Month) (Day) (Year)

Immediate cause of death Cardiac Occlusion Duration 1 day
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
59 1 3 _____ hr. _____ min.

Other conditions Arteriosclerosis and Chronic Nephritis
(Include pregnancy within 3 months of death) 1 year PHYSICIAN

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____
12. Name Cornelius O'Connor
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Catherine Hyatt
15. Birthplace England (City, town, or county) (State or foreign country)

Major findings: Of operations no
Of autopsy no
Underline the cause to which death should be charged statistically.

16. (a) Informant Ellen Maloney
(b) Address 2107 S. Grand
17. (a) Burial (b) Date thereof 1 - 25 - 45
(Burial, cremation, or removal) (Monthly) (Day) (Year)

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? _____

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director John J. Stuart
(b) Address 1225 Union Blvd
19. (a) JAN 24 1945 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Dr. W. H. Walters (M. D. or other)
Address 3608 S. Grand Blvd. Date signed 1/23/45

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 Ignoski*
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.