

FILED JUL 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. 22264
Registrar's No. 6244

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4265 Farlin Ave.
(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 Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4265 Farlin Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth A. Mahoney

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Dennis Mahoney 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 12 hr. min.

9. Birthplace Old Mines Missouri
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation _____

11. Industry or business _____

12. Name James Allen

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

14. Maiden name Bridget Sloan
(City, town, or county) (State or foreign country)

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

16. (a) Informant Anna Miller

(b) Address 4265 Farlin Ave.

17. (a) Burial (b) Date thereof 7/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Garroll
4600 Natural Bridge

(b) Address JUL 19 1945

19. (a) (Date received local registrar) (b) J. J. Redick
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Nov 15-44
July 18 1945, to July 18 1945;
that I last saw her alive on July 17 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension

Due to _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature C. O. Ginn (M. D. or other)

Address 1316 A on Grand Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Paul C. Hoffmann*

Licensed Embalmer No. *4366*

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.