

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15026

State File No. _____

Registration District No. 318 Primary Registration District No. 1000 Registrar's No. 3292

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:
Jewish Hospital
(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 Alexander Mooney

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Eva Mooney 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 9 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 0 hr. _____ min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Patrick Mooney

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Katherine McDonald

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant E.A. Mooney

(b) Address Bloomfield, Mo.

17. (a) Removal (b) Date thereof 4-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 9 1946 (b) J. F. Bredel
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Bloomfield 2
(If outside city or town limits, write "RURAL") NR30
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) ✓
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1946 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from March 4
1946 to April 9 1946
that I last saw him alive on April 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration _____

Due to _____
Due to H/O
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: C. of stomach
Of operations C. metastatic
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Polak (M. D. or other) _____
Address St. Louis, Mo. Date signed 4/9/46

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

9

100-1000

2628

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.