

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33328**  
Registrar's No. **2047**

FILED OCT 11 1947

Registration District No. **377** Primary Registration District No. **6076**

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

**1. PLACE OF DEATH:**

(a) County Saint Louis Mo.

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Villa Besu 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ten years  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County St Louis 96

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Riverview Drive - 3  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sister Mary Inez Maloney

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White

**6. (a) Single, widowed, married, divorced** 5 0

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** April 29 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

**9. Birthplace** Jerseyville Ill. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Teacher

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** Joseph Maloney \_\_\_\_\_

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

**14. Maiden name** Catherine Sheedy \_\_\_\_\_

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

**16. (a) Informant** Sister M. Tolentine

**(b) Address** 2200 Riverview Drive

**17. (a)** \_\_\_\_\_ **(b) Date thereof** Oct 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Villa Besu

**18. (a) Signature of funeral director** [Signature]

**(b) Address** 2480 McClurg Ave

**19. (a)** 10-3-47 **(b)** [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept - day 30  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** Jan 2  
1947 to Sept 30 1947

that I last saw h alive on Sept 30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Senility

Due to 93d

Other conditions 93d  
(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) NO

(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)

(b) Means of injury \_\_\_\_\_

**23. Signature** [Signature] (M. D. or other) MD

Address 15005 A GRAVOIS Date signed 10-2-47

ST LOUIS 16 MO

*Dr. J. J. Cornell  
5005 Lincoln  
1 to 4 P.M.*

---

**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..... *V E Morris* .....

Licensed Embalmer No. *3360* .....

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.