. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36037

Registrar's No. 10205

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(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 0-ani

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant 9
20 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DANIEL MAHONEY

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 16 (Day) 1868 (Year)

8. AGE: Years 79 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Construction Work

FATHER
12. Name John Mahoney
13. Birthplace Cork (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary Fock
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant John C. Mahoney
(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 4 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd year 1947 hour 3:40 minute P.M.

21. I hereby certify that I attended the deceased from 8/31/47, 19, to Nov. 3rd 19 47 that I last saw him alive on Nov. 3rd 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Congestive heart failure

Due to arteriosclerotic heart disease

Other conditions Psychosis with cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature [signature] (M. D. or other) 11/3/47

Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(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 Ernest W. Spillard

Licensed Embalmer No. 7080

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.