

No. 2  
12-45  
17-39  
X47070

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

FILED DEC 16 1947

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 389

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Farmington Rural St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 yrs. 10 mos. 10  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Mahoney  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Henry Dorsey  
6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased December 17th 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>29</u>	hr. min.

9. Birthplace Red Bud Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

MOTHER FATHER  
12. Name Jerry Mahoney  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Delanty  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Jerome J. Mahoney  
(b) Address East St. Louis, Ill.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof Oct. 20, 1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Carmel Cem. Belleville, Ill.

18. (a) Signature of funeral director [Signature]  
(b) Address East St. Louis, Ill.

19. (a) 12-10-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6405 Maple  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th  
year 1947 hour 4:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 1, 1946 to Oct. 16, 1947  
that I last saw her alive on Oct. 16, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute Coronary Thrombosis</u>	<u>1 day.</u>
<u>Coronary Sclerosis</u>	<u>5 yrs.</u>

Due to Cholelithiasis, at least 10 yrs. and  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Cerebral arteriosclerosis psychosis 17 yrs.  
PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? Ill.  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (Physician or other) 10/17/47  
Address [Address] Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 4  
District File Number 1247-156  
Date Filed 12-15-47

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.....

Not Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jacob Glassly.....

Licensed Embalmer No. 6855 Ill.....

P. O. Address E. St. Louis, Ill.....

**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.**