S. No. 300
DM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18301

Registrar's No. 1238

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Mother of Good Council Home 5
(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 St. Louis 96

(c) City or town Richmond Heights 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7208 Dale Ave. 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Ann Mooney

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 Single ( )

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

7. Birth date of deceased February (Month) 26 (Day) 1871 (Year)

8. AGE: Years 77 | Months 2 | Days 18 | If less than one day _____ hr. _____ min.

9. Birthplace County Mayo, (City, town, or county) Ireland (State or foreign country) 4

10. Usual occupation Dress Maker

11. Industry or business _____

FATHER
12. Name NOT KNOWN
13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name NOT KNOWN
15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

16. (a) Informant Albert M. Reilly
(b) Address 7208 Dale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Burial~~ CALVARY CEM.

18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester Ave.

19. (a) 5-17-48 (Date received local registrar) (b) Cecil A. J. Shaughnessy (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-11-1946 to 5-13-1948, 19__;
that I last saw her alive on 5-13-1948, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac disconfiguration Pulmonary Oedema. — Duration 6 Mo

Due to Cardio-Vascular-Renal disease ?

Due to Arteriosclerosis - 131 a
Blind for 10 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: All Senile type
Of operations Died in home of incurables.
Of autopsy NO

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

23. Signature Jake B. Timmons (M. D. or other)
Address 3734 Jennings Rd. Date signed 5/17/48

(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 John S. Hennehy

Licensed Embalmer No. 4194

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.