

No. 3000
-10-47
-17-39
-I 3906

FILED NOV 12 1948 **318**
Registration District No. _____

Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3453a Tennessee Ave.
(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 Thomas Joseph Moloney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Genevive Moloney

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 10, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Supervisor

11. Industry or business P. J. Holloran Launderers

12. Name Thomas J. Moloney

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie McGrath

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Genevive Moloney

(b) Address 3453a Tennessee Ave.

17. (a) Burial (b) Date thereof 11-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl

19. (a) NOV 4 1948 (b) J B Fasola
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3453a Tennessee Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 3, year 1948 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 18th 1939 to Nov 3rd 1948, that I last saw him alive on Nov 3rd 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 9 years

Due to Atherosclerosis 12 years

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) none

(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) Means of injury _____

23. Signature J J Gallagher (M. D. or doctor)

Address 3903 Olive Date signed 11/4/48

John F. Halligan

3905 S. 1st St.

1115 W. ...

1. 5 -

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 *James R. Quinn*

Licensed Embalmer No. *4527*

P. O. Address *2201 S. Grand*

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.