

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14004

State File No. 3482

10

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3910 Labadie Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Teresa</u> b. (Middle) <u>Moloney</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>4/15/49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8/26/1886</u>
9. AGE, (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Millius Shoe</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Peter J. Moloney</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Ryan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>494-0T-6346</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edward Moloney</u>		ADDRESS <u>3910 Labadie Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma lung</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HAD</u> <u>16 HR</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>?</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11 A</u> to <u>4:15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4:15</u> , 19 <u>49</u> , and that death occurred at <u>11:50</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. J. D. II</u>		23b. ADDRESS <u>3500 N. Grand</u>	
23c. DATE SIGNED <u>4/18/49</u>		24a. BURIAL, CREMA TION, REMOVAL (Specify)	
24b. DATE <u>4/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>APR 18 1949</u>	
REGISTRAR'S SIGNATURE <u>J. B. Lantier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pullivan Funeral Dir.</u>	
ADDRESS <u>2849 Euclid</u>		(Licensed Embalmer's Statement on Reverse Side)	

As charged 1:30 PM  
3500 N. Grand Ave S.V. 10

*Handwritten mark*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Robert L. Brinkman*

Licensed Embalmer No. 3553

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.