.S. No. 300
EV. 10.48

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

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22042
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1748

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1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (In this place): 1 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9792 St. Charles Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis 96
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 13
d. STREET ADDRESS (If rural, give location): 9792 St. Charles Rd. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): M. May
(Last): ~~Maheney~~ MALONEY

4. DATE OF DEATH (Month) (Day) (Year): 6 (18) 49

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widdow 2
8. DATE OF BIRTH: May 1, 1871
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo, St. Charles Co.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Thomas Yates
13b. MOTHER'S MAIDEN NAME: Mary Shepperson
14. NAME OF HUSBAND OR WIFE: ~~Maheney~~ MALONEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lillian De Hart — ADDRESS: 9792 St. Charles Rd

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, asthenia, etc. It means the disease, injury, or complication which caused death.)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral Stenosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c): Senility 410X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 926

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Sep 8, 1947, to June 17, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Owen Schmidt M.D. (Degree or title)
23b. ADDRESS: 1205 S. Florissant Ferguson
23c. DATE SIGNED: 6/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6)20)49)
24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 6-20-49
REGISTRAR'S SIGNATURE: Arthur R. Dunbar M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Collier Funeral Home — ADDRESS: 10173 St. Chas. Rd

(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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. 22042
Local Registrar's No. 49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6 day of Sept., 1949, before me appears Sheldon C. Collier, who, upon his oath, states that the original record of ~~birth~~ death for Ida M. Maloney, ~~born~~ died June 18, 1949, in the State of Missouri, and which was filed at St Louis Co. on June 20, 1949, should be corrected as follows:

Item No. 3 should read Ida M. Maloney
Instead of Ida May Mahoney

Item No. ~~6B~~ 14 should read Wilbur Maloney
Instead of Willer Mahoney

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sheldon C. Collier F. D.
Relationship.

10123 St. Charles Rd.
Present Address.

Subscribed and sworn to before me this 6 day of Sept., 1949

My Commission expires 8/28/53 M. Hansen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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