

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2822  
919

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> <b>St. Louis, MO.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>I48I Union Blv'd.</b>		d. STREET ADDRESS (If rural, give location) <b>6- I48I Union Blv'd.</b>	
3. NAME OF DECEASED a. (First) <b>Sarah</b> b. (Middle) <b>Mooney.</b> c. (Last)		4. DATE OF DEATH (Month) <b>Jan.</b> (Day) <b>28</b> (Year) <b>1950.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. II, 1862.</b>
9. AGE (In years last birthday) <b>87</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Ireland</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>	
13a. FATHER'S NAME <b>John Cunningham</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Grant</b>	
14. NAME OF HUSBAND OR WIFE <b>James Mooney</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Mooney</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		ADDRESS <b>I48I Union</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Fractured skull + all down stair way</b>		DUE TO (b)	
DUE TO (c) <b>Sensibility</b>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>000</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>69000</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-27 27 1950 8a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell down stair way</b> <b>21</b>	
22. I hereby certify that I attended the deceased from <b>Feb. 1948</b> , to <b>Jan 28, 1950</b> , that I last saw the deceased alive on <b>Jan 27, 1950</b> , and that death occurred at <b>8:20 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. J. Gettiner</b>		23b. ADDRESS <b>2745 n Grand Bl</b>	
23c. DATE SIGNED <b>1-29-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 31, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, - Mo.</b>
DATE REC'D BY LOCAL REG. <b>JAN 30 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Basater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Basater</b>	ADDRESS <b>I389 Union Blv'</b>

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**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

*J. Allen Stone*

Licensed Embalmer No. 4053

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.