

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3301

4005

BIRTH NO. 12208-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) 4430 83 OR TOWN Sappington	
c. LENGTH OF STAY (in this place) 4 hours		d. STREET ADDRESS (If rural, give location) R. # 6 Box 707	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED a. (First) (Infant) Anna Marie (Type or Print)			b. (Middle) Mooney			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) February 6, 1950.		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH February 6, 1950			9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 4		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, U			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John Mooney			13b. MOTHER'S MAIDEN NAME Carolyn Healy			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John Mooney - Sappington, Mo.		

18. NO. OF DEATH		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause unknown							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7600	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7600						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <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 2/6, 1950, to 2/6, 1950, that I last saw the deceased alive on 2/6, 1950, and that death occurred at 5:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Herbert Blomke, M.D.</i>			23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 2/7/50		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-8-50.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		

DATE REC'D BY LOCAL REG. 2-8-50		REGISTRAR'S SIGNATURE <i>Herbert Blomke, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

NOT EMBALMED

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.**