

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18891

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1371

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-7237 Cornell Blv'd,</u>	
e. STREET ADDRESS <u>7237 Cornell Blv'd.,</u>		f. <u>4246</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>	b. (Middle)	c. (Last) <u>MOLONY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 50</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 11, 1869</u>
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR (Months) <u>9</u>	11. IF UNDER 24 HRS. (Days) (Hours) (Min.) <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Molony</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Sampson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Molony, 7237 Cornell Blv'd.,</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>3 years</u> <u>3 years</u> <u>3 3/4</u>		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)		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) (Min.)	
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>Nov 19, 1947</u> , to <u>May 27, 1950</u> , that I last saw the deceased alive on <u>May 27, 1950</u> , and that death occurred at <u>7:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Les Paul Beauld M.D.</u> (Degree or title)		23b. ADDRESS <u>6677 Delmar Blvd</u>	
23c. DATE SIGNED <u>May 28, 1950</u>		23d. ADDRESS (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-30-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-29-50</u>		REGISTRAR'S SIGNATURE <u>Robert Blankenship</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS <u>7233 Delmar Blv'd., University City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Leo P. Fitzgerald
6677 Delmar Blv'd.,

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.