

STANDARD CERTIFICATE OF DEATH

33249

State File No.

FILED OCT 1 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8766**

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4208 Penrose St.		d. STREET ADDRESS (If rural, give location) 10 4208 Penrose St.	
3. NAME OF DECEASED (Type or Print) a. (First) Timothy b. (Middle) F. c. (Last) Moloney		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1902
9. AGE (In years last birthday) 50		10. MONTHS 5	11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Sergt.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Police	11. BIRTHPLACE (State or foreign country) St. Louis
12. CITIZEN OF WHAT COUNTRY? U		13a. FATHER'S NAME Timothy Moloney	
13b. MOTHER'S MAIDEN NAME Julia Gannon		14. NAME OF HUSBAND OR WIFE Ruth Boland Moloney	
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 Ruth Moloney		ADDRESS 4208 Penrose St.	
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 Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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? 4201			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Michael P. ...</i>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9/19/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-20-1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 19 1952		REGISTRAR'S SIGNATURE <i>J. C. ...</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>		ADDRESS Cullinane Bros. 3320 N. Kingshighway	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Fred Frick

Signed.....
Student Embalmer

Licensed Embalmer No. 3186

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.