

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10294**

FILED MAR 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2384**

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 Missouri** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis,** d. Is Deceased within limits of a city or incorporated town? **Yes** No _____

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**
e. STREET ADDRESS (If rural, give location) **5130 Cates Ave.**

3. NAME OF DECEASED a. (First) **Mary** b. (Middle) **Ann** c. (Last) **Muldoon** 4. DATE OF DEATH (Month) (Day) (Year) **3 12 54**

5. SEX **Female /** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **single** 8. DATE OF BIRTH **7-10-79** 9. AGE (In years last birthday) **74** IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 6 HRS.: HOURS _____ MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) **housework** 10b. KIND OF BUSINESS OR INDUSTRY **At Home.** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Muldoon** 13b. MOTHER'S MAIDEN NAME **Mary Ann Reilly** 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) **None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Margaret McInerney, 4123 St. Louis,**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatosis**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Due to (b) **Undetermined Site**
Due to (c) **Probably Bladder (Urinary)**
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **181X**

22. I hereby certify that I attended the deceased from **3-5-54** 19____, to **3-12-54**, 19____, that I last saw the deceased alive on **3-12-54**, 19____, and that death occurred at **7:00PM** m., from the causes and on the date stated above.

23a. SIGNATURE **Edward P. Flynn M.D.** (Degree or title) 23b. ADDRESS **1515 Lafayette** 23c. DATE SIGNED **3-13-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3-15-54** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24d. LOCATION (City, town, or county) (State) **Kirkwood, Missouri.**

DATE REC'D BY LOCAL REG. **MAR 15 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Louis Morrell Bros Fun. Home, 4212 St. Lou**

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Paul P. Wacker

Licensed Embalmer No. 478

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.