

FILED JUN 7 1956

STANDARD CERTIFICATE OF DEATH

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4752

BIRTH NO. _____				REG. DIST. NO. _____				PRIMARY REG. DIST. NO. _____				Registrar's No. _____			
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				c. LENGTH OF STAY (in this place) 30 yrs.				c. CITY OR TOWN St. Louis				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5373 N. Kingshighway								e. STREET ADDRESS (If rural, give location) 5373 N. Kingshighway 2079							
3. NAME OF DECEASED (Type or Print) a. (First) MARY				b. (Middle) CATHERINE				c. (Last) MALONEY				4. DATE OF DEATH (Month) (Day) (Year) May 15, 1956			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Jan. 9, 1871		9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months 4 Days 6		11. IF UNDER 18 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Dixon, Ill.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Michael Kelty				13b. MOTHER'S MAIDEN NAME Margaret Feely				14. NAME OF HUSBAND OR WIFE Deceased							
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 Mrs. Margaret Offner N. Kingshighway				ADDRESS 5373 N. Kingshighway			
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, asthenia, etc. It means the disease, injury, or complication which caused death.								MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3</u> 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 420-0				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) 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 <u>Mar 18, 1947</u> to <u>May 15, 1956</u> , that I last saw the deceased alive on <u>May 4, 1956</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>John G. M. Juney M.D.</u>				23b. ADDRESS <u>2017 Thekla Thorne</u>				23c. DATE SIGNED <u>5/16/56</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) burial				24b. DATE May 18 1956				24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. MAY 16 1956				REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE 4746 ADDRESS Bromschwig and Son W Florissant							

(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..... *G. W. Wilkinson*

Licensed Embalmer No..... *3*

P. O. Address..... *Law*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.