

ISSUOR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-003455

FILED VS JAN 25 1961
AMENDED

318

1003

365

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		Length of stay in 1b <u>3 1/2 WKS</u>	c. CITY OR TOWN <u>East St Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LUKE'S Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1517 EXCHANGE</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>J.</u> Last <u>Mooney</u>			4. DATE OF DEATH Month <u>1</u> Day <u>12</u> Year <u>61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-8-1915</u>	9. AGE (last birthday) <u>45 YRS</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Production Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IRVIN-WILBERT</u>	11. BIRTHPLACE (City and state or country) <u>East St. Louis, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>Michael Mooney</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Knerenger</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or up town) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Nellie Mooney</u> Address <u>1517 Exchange</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>carcinoma of rectum</u> <u>CARCINOMA of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>154x</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St Louis</u>	COUNTY <u>St Clair</u>	STATE <u>Illinois</u>
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21. I attended the deceased from Dec 1959 to 17 Jan 1961 and last saw her alive on 11 Jan 61
Death occurred at St Luke's Hosp at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Eugene W. Bricker</u> <u>Eugene W. Bricker M.D.</u>	22b. ADDRESS <u>100 N. Euclid</u>	22c. DATE SIGNED <u>19 Jan 61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-13-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Belleville Illinois</u>
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24. FUNERAL DIRECTOR <u>Robins</u>	ADDRESS <u>E. St. Louis, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 13 1961</u>	26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 Frank J. Murphy

Licensed Embalmer No. 4356

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.