

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

-61-007179

AMENDED  Registration District No. 317 Primary Registration District No. 548 Registrar's No. 480 STATE FILE NUMBER

FILED VS MAR 2 1961

1. PLACE OF DEATH  
 a. COUNTY **ST. LOUIS**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **WEBSTER GROVES, Mo.** Length of stay in lb **YRS.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Glenwood Home & Hospital** Inside Limits   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Webster Groves** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **316 Orchard Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Anna** Middle **Maloney** Last **Maloney** 4. DATE OF DEATH Month **2** Day **16** Year **61**

5. SEX **F** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **May 20, 1873** 9. AGE (last birthday) **87** IF UNDER 1 YEAR Mon **8** Days **27** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Saleswoman** 10b. KIND OF BUSINESS OR INDUSTRY **Famous Barr Co.** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Michael Maloney** 13b. MOTHER'S MAIDEN NAME **Ellen Mulqueen** 14. NAME OF HUSBAND OR WIFE -----

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 Address **Loretta Braeckel 316 Orchard Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **myocardial insufficiency** INTERVAL BETWEEN ONSET AND DEATH  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic heart disease**  
 DUE TO (c) **generalized arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Cerebral arteriosclerosis** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **June 21-1959** to **June 21-1959** and last saw her alive on **Feb. 16-1961**  
 Death occurred at **11:32 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Thomas J. Flynn** 22b. ADDRESS **1300 Grant Rd.** 22c. DATE SIGNED **2-16-61**

23a. BURIAL, CREMATION, or other disposal (Specify) **REMOVAL** 23b. DATE **Feb. 18, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR ADDRESS **A.H. BOCKLAGE 6536 Clayton Rd.** 25. DATE RECD. BY LOCAL REG. **2-17-61** 26. REGISTRAR'S SIGNATURE **J. M. Murphy M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 J. W. Dumbley

Licensed Embalmer No. 7683

P. O. Address St. Louis 87

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.