SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-022895
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5336

FILED JUN 16 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo

Length of stay in Ib: 5 weeks

c. CITY OR TOWN St. Louis

Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3421 Alberta

Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Martin Middle: T. Last: Maloney

4. DATE OF DEATH Month Day Year: 6-7-61

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-16-1892

9. AGE (last birthday): 69

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Alois Opticial Co

10b. KIND OF BUSINESS OR INDUSTRY: Shipping Room

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Martin Maloney

13b. MOTHER'S MAIDEN NAME: Mary Appelby

14. NAME OF HUSBAND OR WIFE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I.

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mary Miller Address: 3421 Alberta

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 420.0

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. ☐ 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 a.m. p.m. Month, Day, Year

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 13 Feb 59, to 7 June 61 and last saw ~~him~~ him alive on 6 June 61

Death occurred at 8:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. McCann MD

22b. ADDRESS 4401 Hampton

22c. DATE SIGNED 8 June 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-9-61

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery J.B.Mo

23d. LOCATION (City, town, or county) (State): St. Louis County

24. FUNERAL DIRECTOR: Weick Bros ADDRESS: 2201 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.: JUN 8 1961

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

Dr John McCann
3663 Flora.

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 Harry E. Monroe

Licensed Embalmer No. 4495

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.