JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46149

File No.

Registered No. 11924

1. PLACE OF DEATH

County

Township

City St. Louis (No. 902 N. Kingshighway St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Harry J. Malone

(a) Residence, No. 902 N. Kingshighway St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Allie Malone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 26, 1860

7. AGE: Years 76 | Months 3 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supertendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sanitol Co.

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martinsburg Pennsylvania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Allie Malone 902 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Crematory DATE: Dec 5, 1936

19. UNDERTAKER (ADDRESS): Shepard Funeral Home 1157 Hamilton Avenue

20. FILED: DEC 5 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1936, to 12-1, 1936

I last saw him alive on 11-4, 1936. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) 1651 [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.