

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.

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

16735
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **ST. LOUIS, MO.** Street No. **1009 S. EWING AV.** Registered No. **4596**
(d) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

THOMAS J. MALONE 450
(a) Residence, No. **1009 S. EWING AV.** St. **18**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **WIDOWER**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **MATHILDA MALONE** (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT 20-1856**
7. AGE YEARS **81** MONTHS **7** DAYS **28** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **NILE**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KENTUCKY**

FATHER 13. NAME **PATRICK MALONE**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KENTUCKY**

MOTHER 15. MAIDEN NAME **MARY MAHAN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KENTUCKY**

17. INFORMANT **LILLIAN STAETTER** (ADDRESS) **3000 PARK AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **PARK LAWN CEM.** DATE **MAY 20, 1938**

19. FUNERAL DIRECTOR **E. J. Schurr** (ADDRESS) **3125 Lafayette Ave.**

20. FILED **MAY 19 1938** **J. P. Buehler** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 18 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 14, 1938** to **May 18, 1938**

I last saw him alive on **May 18, 1938** Death is said to have occurred on the date stated above, at **2 p. m.**

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Chronic Nephritis

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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 occupational disease?

If so, specify.....

(Signed) **Otto Hansen**, M. D.

(Address) **3157 a Park Ave**

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Joseph B. Vollmer
Licensed Embalmer No. 4014

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.)