

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.

REC'D APR 12 1939

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

8331  
Do not use this space.

1. PLACE OF DEATH  
(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City or St. Louis..... (d) Street No. 3312 Simple Ave..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) 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 JAMES T. MALONE  
(a) Residence, No. 3312 Simple Ave St. 6 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Francis Malone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as saw mill, bank, etc. for Self  
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) Virginia

FATHER 13. NAME George Malone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Francis Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) George Malone, Jr.  
3312 Simple Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cahway DATE March 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edw. F. Howard  
4312 St. Louis Ave

20. FILED MAR 4 1939 J. E. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1939, to March 3 1939

I last saw him alive on March 2 1939. Death is said to have occurred on the date stated above, at 9:50 a. m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
Date of onset Feb. 29

Other contributory causes of importance: None

Name of operation None Date of.....

What test confirmed diagnosis? Clinical 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? No

(Signed) Nelvan Collins M. D.

(Address) 2301 N. Ringhighway

**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.....

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

Signed Edw. J. Howard

Licensed Embalmer No. 1443

P. O. Address 4212 St. Louis av

**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 this body is not embalmed, above space should be left blank.**