

FILED JAN 14 1943 818
Registration District No.

Primary Registration District No. 100

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis Missouri
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2334^a Eugenia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2334^a Eugenia (If rural, give location) 32
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME SARAH MALONE

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or Race Col 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife HENRY MALONE 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 18 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Holly Springs Miss (City, town, or county) (State or foreign country)

10. Usual occupation 1st nurse wife

11. Industry or business

12. Name Sandy Goodlock
13. Birthplace So. Carolina (City, town, or county) (State or foreign country)
14. Maiden name Maud Jeffers
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Matilda Wilson
(b) Address 2334^a Eugenia
17. (a) None (b) Date there Jan 7 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Holly Springs Miss

18. (a) Signature of funeral director S. J. Waters
(b) Address 2769 Chestnut
19. (a) Jan 31 1943 (Date received local registrar) (b) J. Z. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th year 1942 hour 7 minute 30A M.

21. I hereby certify that I attended the deceased from Dec 26 42 to Dec 29 42 that I last saw him alive on Dec 29 42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 3 years
Due to 3 420

Other conditions Mitral Insufficiency
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. E. T. Taylor (M. D. or other) _____
Address 37360^a Hawthorn Date signed 1/4/43

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

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau 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, fact should be so stated above.