

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

547

Registrar's No.

557

X26390

FILED JAN 26 1948
Registration District No. 1003

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(c) Name of hospital or institution: en route to Homer G. Phillips Hos
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 9 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2613 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Shepard Malone

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased about June 10 1844
(Month) (Day) (Year)

8. AGE: Years 98 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Ala 1
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

12. Name Shepard Malone

13. Birthplace Calbert County Ala 1
(City, town, or county) (State or foreign country)

14. Maiden name Julian Lund

15. Birthplace Calbert Ala 1
(City, town, or county) (State or foreign country)

16. (a) Informant S. J. Malone

(b) Address 2613 Delmar Blvd

17. (a) Burial (b) Date thereof 1-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Kendall & Son

(b) Address 3123 Bell Ave

19. (a) 9001 1 10 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th
year 1943 hour 9:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis, Senility.

Due to _____

Due to _____

Other conditions (include pregnancy within 9 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) Means of injury _____

23. Signature W. J. G. [Signature] (M. D. or other) _____

Address [Signature] Date signed 1/15/43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.