

ED JUN 4 1943

318

Registration District No.

1003

4714

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: en route City Hosp.
-5100-Manchester 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 5 Years. (Specify whether 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. 4944 Wise Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Howard C. Malone.

3. (b) If veteran, name war..... No. 3. (c) Social Security No. 497-07-2819

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

6. (b) Name of husband or wife..... Laura M. Malone. 6. (c) Age of husband or wife if alive..... 27 years

7. Birth date of deceased..... February 14 1914.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 3 4 hr. min.

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

10. Usual occupation..... Truck Driver.

11. Industry or business..... Wabash Stone Co.

12. Name..... Cecil Malone.

13. Birthplace..... Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name..... Nettie Burdick.

15. Birthplace..... Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. H.C. Malone.

(b) Address..... 4944 Wise Ave.

17. (a) Burial (b) Date thereof..... 5-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cem.

18. (a) Signature of funeral director..... Hy. Leidner Und. Co.

(b) Address..... 2223 St. Louis Ave.

19. (a) MAY 21 1943 (Date received local registrar) J. J. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 18th
year..... 1943 hour..... 8:00 minute..... A M.

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

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

Immediate cause of death..... Crushed head when he
was caught between an iron stand and
the planer he was repairing at the
Stanley Company Structural Steel
Works, 5100 Wise Ave., about 7:55
o'clock AM, May 18, 1943. ACCIDENT
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration
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)..... ACCIDENT 000

(b) Date of occurrence..... 5/18/1943

(c) Where did injury occur?..... St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... Thomas F. Callahan (M.D. or other)

Address..... Deputy Coroner Date signed..... 5-20-47

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

MOTHER FATHER

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.....

John P. Buckley
.....
Licensed Embalmer No. *1674*

P. O. Address *2223 So. Lewis Ave.*

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.