

FILED APR 8 1944

Registration District No. 3177

Primary Registration District No. 3063

76000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(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 Mo (b) County 000
17

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 112 1/2 N 6th St
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Charles Orson Malone

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 7:30 minute P M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced unk.

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown
(Month) (Day) (Year)

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

that I last saw him..... alive on.....

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

About 48 unk. unk. hr. min.

Immediate cause of death Natural causes.

Due to Pulmonary embolism.

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

Due to.....

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

10. Usual occupation unknown

11. Industry or business unknown

Major findings:
Of operations.....

Of autopsy Yes.

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Waz Records

(b) Address St Louis Co. Mo

17. (a) Removal (b) Date thereof 4-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Ohio

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?.....

18. (a) Signature of funeral director Louis H. Bopp, Inc

(b) Address Kirkwood, Mo

19. (a) APR 4 - 1944 (b) E. H. Mc Lauren, Jr
(Date received local registrar) (Registrar's signature)

While at work.....
(Specify type of place) (e) Means of injury

Signature H. S. Keyboyle Deputy Coroner
(M. D. or other)

Address Kirkwood, Mo. 3-27-44 Date signed.....

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: *Felix Duand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood Mo*

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.