

#37968

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

548

FILED FEB 7 1945

318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 795

1. PLACE OF DEATH:

(a) County _____
 (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:
St. Louis City Hospital #1.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether _____)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Harry Malone3. (b) If veteran, name war World War # 1 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 4 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
58 3 18 hr. _____ min.9. Birthplace Unknown New York
(City, town, or county) (State or foreign country)10. Usual occupation Retired Engineer

11. Industry or business _____

12. Name Parce Malone
 13. Birthplace Unknown Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie Unknown
 15. Birthplace Unknown New York
 (City, town, or county) (State or foreign country)

16. (a) Informant Pierce Malone
(b) Address Chicago, Ill.17. (a) Burial (b) Date thereof 1-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.19. (a) JAN 25 1945 (b) J. F. Busick
(Date received local registrar) (Registrar's signature)

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. 221 S. Broadway
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd
year 1945 hour 4:00 minute P. M.21. I hereby certify that I attended the deceased from 1/20/45
to 1/22/45, 19____, to 1/22/45, 19____,
that I last saw him alive on 1/22/45, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

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?
 _____ (Specify type of place)

While at work? _____

(c) Means of injury _____

23. Signature Herbert C. Fitch (M. D. of) 1/23/45
Address 1515 Lafayette Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

040
25 17
9

108

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

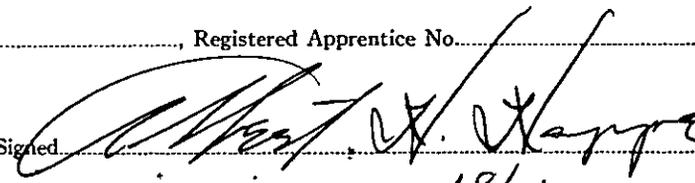
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1861

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.