

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

FILED AUG 20 1946 **STANDARD CERTIFICATE OF DEATH**
318 1003

State File No. _____
Registrar's No. 6796

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos; 10 days
(Specify whether years, months or days)

In this community 12 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Shepard Malone

3. (b) If veteran, name war _____

3. (c) Social Security No. 89-14-6779

4. Sex MALE 5. Color or race COL

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 3rd 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business Brick layer

12. Name Shepard Malone

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

14. Maiden name Estline Thompson

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

16. (a) Informant Mrs. Mary A. Malone

(b) Address 2127 Lucas Ave

17. (a) Burial (b) Date thereof 8-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Randleman

(b) Address 3133 Bell Ave

19. (a) AUG 3 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. 2127 Lucas
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1946 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 21, 19 46 to August 1, 19 46
that I last saw him alive on August 1, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate with Generalized Unk Metastases
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury D

23. Signature DW. Braun (M. D. or other) _____
Address 2601 N Whittier St Date signed 8-1-46

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.....

Licensed Embalmer No. 2698

P. O. Address. 2769 Houston

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.