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

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
FILED MAY - 3 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19127  
State File No. \_\_\_\_\_  
Registrar's No. 4960

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
DePaul 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 Missouri (b) County St. Louis 96  
(c) City or town Normandy 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7725 August Ave. 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Catherine Malone.  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Malone 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 9, 1871.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 14  
year 1947 hour \_\_\_\_\_ minute P.M.  
21. I hereby certify that I attended the deceased from 7-14, 1945 to 5-14, 1947;  
that I last saw her alive on 5-14, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Cecum  
Due to Chronic Myocarditis  
Due to Chronic Lymphatic Leukemia  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy NO  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
76 0 5 hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired  
11. Industry or business \_\_\_\_\_  
12. Name Morris Bermingham  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_  
23. Signature J. W. Clark (M. D. or other) MD  
Address 7725 August Ave. Date signed 5-15-47

16. (a) Informant Charles Malone  
(b) Address 7725 Augusta Ave.  
17. (a) Burial (b) Date thereof May  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem.  
18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.  
19. (a) MAY 16 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side) Normandy 21 Mo

Dr. Wm, E. Moore  
7501 Natural Bridge

3-5 or 7-8 P.M.  
Mar. 4064.

**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..... *Alfred J. Boedeker* .....

Licensed Embalmer No..... 2663 .....

P. O. Address..... 1125 Hodiamont 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.