

5. No. 300  
EV. 10. 48

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6499

State File No. 1210

318

1003

Registrar's No.

236

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>1210</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>			c. LENGTH OF STAY (in this place) <b>30 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			d. STREET ADDRESS (If rural, give location) <b>21 3030 Lucas Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>										
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) _____ c. (Last) <b>Malone</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 3 1950</b>							
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 9, 1912</b>		9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil (invalid)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Greenville, Mississippi</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Alfred Malone</b>			13b. MOTHER'S MAIDEN NAME <b>Donnie Dover</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lee Malone 716 Sidney St.</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>2nd + 3rd Burns of 90% Body</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 3 1950 11:30 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>while Smoking C 91160</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:11 P.M.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>Walter H. Roberts Registrar</b>				23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>2/7/50</b>			
24a. BURIAL (CREMATION) REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/8/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>				
DATE REC'D BY LOCAL REG. <b>FEB 7 1950</b>		REGISTRAR'S SIGNATURE <b>G. B. Kauter</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.W. Roberts 1416 N. Taylor Ave.</b>					

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Hutton E. Culkin

Signed.....  
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St Louis 137m

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.