

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11968**
Registrar's No. **2940**

FILED APR 4 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 4401 Forest Park Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Allie		b. (Middle) _____		c. (Last) Malone		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 12/2/36		8. DATE OF BIRTH May 1, 1880	
9. AGE (In years, Months, Days, Hours, Min.) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home - retired		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (State or foreign country) Jewel County, Kansas	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home - retired		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (State or foreign country) Jewel County, Kansas		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Hugh McClellan Pence			13b. MOTHER'S MAIDEN NAME Emma Elmyra Eyre			14. NAME OF HUSBAND OR WIFE Harry J. Malone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 488-28-7193		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Christine Malone, 4401 Forest Park Bl			
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 7 days	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? 332X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Jan. 23, 1953 , to March 15, 1953 , that I last saw the deceased alive on March 14, 1953 , and that death occurred at 2:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Alphonse Malone		23b. ADDRESS M. D. 634 N. Grand Blvd.		23c. DATE SIGNED 3/16/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 3/17/53		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 18 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Rd.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest W. Spillard

Licensed Embalmer No. *H080*

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.