

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch</u>	c. LENGTH OF STAY (In this place) <u>57 days</u>	c. CITY OR TOWN <u>ST LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ROBT KOCH HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>2736 WALNUT</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>	b. (Middle)	c. (Last) <u>MALONE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 26, 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNK.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NASHVILLE TENN</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>DANIEL MALONE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HARRIS</u>	14. NAME OF HUSBAND OR WIFE <u>ANN GIGERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes ARMY</u>	16. SOCIAL SECURITY NO. <u>488-05-6214</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORD - KOCH HOSP</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA ESOPHAGEUS</u>		INTERVAL BETWEEN ONSET AND DEATH. <u>5 mo</u>
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulm Tuberculosis</u>		

19a. DATE OF OPERATION <u>Jan 25/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>GASTROSTOMY DONE</u>	20. AUTOPSY? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>150X</u>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 14, 1955 to 2/19, 1955, that I last saw the deceased alive on 2/19, 1955, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Cohen MD</u>	23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/25/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Jeff. Bks., MO</u>
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DATE REC'D BY LOCAL REG. <u>2/24/55</u>	REGISTRAR'S SIGNATURE <u>Robert R. Lamb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B.M.C. Green</u>	ADDRESS <u>4060 Washington</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1955

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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 .....  
Signature of Student Embalmer

Signed *Melvin E. Green*

Licensed Embalmer No. *447*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.