

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
37819
9089

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS 2528 N. Grand	
3. NAME OF DECEASED (Type or print) Harry Malone		4. DATE OF DEATH Month Day Year Sept. 28, 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 8 About
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired pensioner		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired pensioner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Malone		14. MOTHER'S MAIDEN NAME Unk Jellat	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no non		16. SOCIAL SECURITY NO. Unk	
17. INFORMANT Thos. Maloney		Address 4967 Lindenwood,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lobar Pneumonia</i> DUE TO (b) <i>Subdural Hemorrhage</i> DUE TO (c) <i>Cirrhosis of the Liver</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>E904-21</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Apparently suffered in fall in room of house about September 18th 1957.</i>	
20c. TIME OF INJURY Hour a. m. p. m. <i>9 18 57</i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>1130 p.m.</i> on the day stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patrik L. Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>9-30-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>10-1-57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Lemay 23, Mo.</i>	
24. FUNERAL DIRECTOR <i>Southern Funeral Home</i> Address <i>6322 S. Grand Blvd., St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 30 57</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>M. J. B.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *David Van Tassan*.....

Licensed Embalmer No. *429*.....

P. O. Address *5. 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.