

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH ⁵¹⁵⁴⁰⁻⁵⁸ 58-030724
State File No. **7666**

BIRTH NO. **FILED AUG 28 1958** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7666**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	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 Homer G. Phillips		STREET ADDRESS (If rural, give location) 3814 Kennerly	
3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) c. (Last) Malone, Jr.		4. DATE OF DEATH (Month) (Day) (Year) 7 26 58	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH ✓ 7-26-58
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Grover Malone	
13b. MOTHER'S MAIDEN NAME Bessie Bradley		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records 2601 N. Whittier
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hernia of left diaphragm, congenital		DUE TO (b) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 560.4		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edema, brain Hypoplasia & atelectasis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input 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)	
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?		22. I hereby certify that I attended the deceased from 7-26-58 , 19___, to 7-26-58 , 19___, that I last saw the deceased alive on 7-26-19 58 , and that death occurred at 3:25 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Park White (Degree or title) M.D. 0		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 7-29-58		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 8-30-58		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4104 Manchester	
DATE REC'D BY LOCAL REG. AUG 7 58		REGISTRAR'S SIGNATURE Carl Smith	

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.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.