

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031154  
STATE FILE NUMBER

DECEASED SEP 12 1958 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2206

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>4346 University City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		Length of stay in lb <b>39 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>7124 Waterman Blv'd</b>
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>STEWART</b> Last <b>MALONE</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>22nd</b> Year <b>1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 20, 1882</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>manufactures agent</b>	11. BIRTHPLACE (City and state or country) <b>Corinth, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Lewis Malone</b>	13b. MOTHER'S MAIDEN NAME <b>Cordelia Stewart</b>
14. NAME OF HUSBAND OR WIFE <b>Calra DeGelder Malone</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>488-01-3965</b>
17. INFORMANT <b>Clara D. Malone</b>		Address <b>7124 Waterman Blv'd</b>	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterial hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive vascular disease</b>			20yrs
DUE TO (c) <b>331X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized arteriosclerosis and atherosclerosis of heart disease</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ o.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan 1958</b> to <b>time of death</b> and last saw him alive on <b>20 Aug 1958</b> . Death occurred at <b>1 ad</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Kay W. Reselman M.D.</b>		22b. ADDRESS <b>4552 Maryland St. St. Louis Mo</b>	
22c. DATE SIGNED <b>22 Aug 58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>entombment</b>	<b>8-25-58</b>	<b>Oak Grove Mausoleum</b>	<b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>C. R. Lupton &amp; Sons-7233 Delmar</b>		25. DATE RECD. BY LOCAL REG. <b>8-25-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert P. Combs M.D.</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence H. Mur* .....

Licensed Embalmer No. *4011* .....  
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.