

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028598

FILED VS AUG 1 2 1960

318

Primary Registration District No. 1003

Registrar's No.

7417

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo				Length of stay in lb		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4141 Farlin Ave				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4141 Farlin Ave	
3. NAME OF DECEASED (Type or print) First Alfred Middle Malone Last Malone				4. DATE OF DEATH Month 7 Day 24 Year 1960			
5. SEX MALE		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-2-1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail handler		10b. KIND OF BUSINESS OR INDUSTRY Medical Depot		9. AGE (last birthday) 73		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) Greenville, Mississippi				12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME John Malone			13b. MOTHER'S MAIDEN NAME Belle ?			14. NAME OF HUSBAND OR WIFE Minerva Malone (deceased)	
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. None		17. INFORMANT John H. Malone 4141 Farlin Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: O.K. Carcinoma of Esophagus Josephine Queen Report 6-6-60 Conditions if any which apply to cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 150X							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 10:30pm a.m. p.m.		Month, Day, Year					
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 4-28-60 to 7-25-60 and last saw him alive on 5-16-60 Death occurred at 10:30pm m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John H. Malone M.D.				22b. ADDRESS 4903A EASTON		22c. DATE SIGNED 7-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/28/60		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR C.W. Roberts Und. Co 1416 N. Taylor Ave				25. DATE RECD. BY LOCAL REG. JUL 26 1960		26. REGISTRAR'S SIGNATURE Loan Smith M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A Carter
Licensed Embalmer No. 4481

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.