MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16345

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4223

Township ..... Primary Registration District No. 1003 Registered No. 4223

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Robert H Malmo

(a) Residence. No. ..... St., 12 Ward. Webster Groves Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary B Malmo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11 - 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	—	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer M. K + T, R.R.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mun

PARENTS

10. NAME OF FATHER E. L. Malmo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Bertha Hauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Mrs R. H. Malmo
(Address) 400 S Gray Ave Webster

15. FILED MAY - 1 1927 May 6 Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1927, to May 3, 1927 that I last saw h..... alive on May 3, 1927, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

34

99B Aortitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Lues

(duration) Chronic yrs. mos. ds.

38

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) [signature], M. D

5. 4, 1927 (Address) 1801 Clair St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Broad Run Va	May 4 1927

20. UNDERTAKER	ADDRESS
Fred M Williams	4561 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 18 1944