AUG 2 1927

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

Do not use this space.

22422

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 190
City Richmond Hts (No. St Marys Hospital St. Ward)

2. FULL NAME Frank W Maloney
(a) Residence. No. 3822 Flad St., Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 20th 1880
7. AGE: Years 47 — Months 3 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Auto Battery
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

PARENTS
10. NAME OF FATHER Michael J Maloney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mass.
12. MAIDEN NAME OF MOTHER Bridget Higgins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs M J Maloney
(Address) 3822 Flad av
15. FILED 7/20 1927 J B Suddutte REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-19- 1927
17. I HEREBY CERTIFY, That I attended deceased from 6-30- 1927, to 7-19- 1927, that I last saw him alive on 7-19- 1927, and that death occurred, on the date stated above, at 9 15 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of rectum
46 D
Age (duration) 2 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Myocarditis, Chr.
(duration) 2 yrs. 6 mos. ds.

45

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-14-27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Forest H Staley M. D
7-20, 1927 (Address) 4501 Wandesh

*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: Calvary — DATE OF BURIAL: 7-22 1927
20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash St

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.

Kr F. Staley
Jno Thorne Bcdg
Jeff. 30 81

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