

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

Do not use this space.

6350

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **16 Westmoreland**)

File No.

Registered No. **1225**

St. Word)

2. FULL NAME

Edward Mallinckrodt

(a) Residence, No. **16 Westmoreland 19** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Jennie Anderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 21 - 1845

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
83	0	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Chairman on Board**

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

(c) Name of employer **Chemical Works**

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

St. Louis

PARENTS

10. NAME OF FATHER

Emil Mallinckrodt

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

Germany

12. MAIDEN NAME OF MOTHER

Mrs. Helen Sucky

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

Germany

14.

INFORMANT **Edward Mallinckrodt Jr.**
(Address) **16 Westmoreland**

15.

FILED **553** **1928** **Mar 6** **Starkeff**
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 1 1928**

17.

I HEREBY CERTIFY, That I attended deceased from **Jan 5**, 19**28**, to **Feb 1**, 19**28**, that I last saw him alive on **Jan 31**, 19**28**, and that death occurred, on the date stated above, at **3A**.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - hypostatic
no Labor or Distress #103

CONTRIBUTORY (SECONDARY)

Chronic myocarditis
(duration) **10** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF **No**
20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Albert E. Taurig**, M. D.

Feb 1, 1928 (Address) **3720 Washington**

*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

Bellefontaine

Feb 3 1928

20. UNDERTAKER

ADDRESS

Wagoner

3621 Our

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.

5646
J. J. B.