WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 15296 15029

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No. .....

Township..... Primary Registration District No. ..... Registered No. 4228

City St Louis Mo. (No. 1515 N. 8 St. St. ..... Ward)

2. FULL NAME Peter Malon

(a) Residence. No. 1515 N. 8 St. St., 25 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13th 1864

7. AGE: Years 64 | Months 3 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): R.R. Platform
(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Malon

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Mrs. Mary Lapke
(Address) 1516 a N 8th St.

15. FILED FEB 13 1929, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cortic Stenosis

7 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

18/IV 1928 (Signed) P. J. Dill, M. D
(Address) Coroner

*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: April 20 1928.

20. UNDERTAKER: Aug Brockland & Co. | ADDRESS: 1421 N. 9th St.

FEB 1
1950