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.

38546

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No.

Township — Primary Registration District No. 1003 — Registered No. 11167

City St. Louis (No. 500, So. Kingshighway St. Ward)

2. FULL NAME Margaret Malloy

(a) Residence. No. 5747 Etzel St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 4 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): 6-27-13

7. AGE: Years 15, Months 4, Days 17 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Edw. Malloy
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Katherine Hayes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo

14. INFORMANT: Lucile McLeod Kill
(Address) 500 So. Kingshighway

15. FILED NOV 16 1928 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-15 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-14, 1928, to 11-15, 1928 that I last saw her alive on 11-15, 1928, and that death occurred, on the date stated above, at 1:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus - (2 yrs)
Diabetic Acidosis
Diabetic Coma
59 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Pyelitis
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) George S Littell, M.D.
11-15, 1928 (Address) St Louis Children's Hosp.

*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: 11-19 1928

20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash 14