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

Do not use this space.

16228

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 1421 a McCausland Ave. Ward)

File No.....

Registered No. 4710

2. FULL NAME William F. Malkemus

(a) Residence. No. 1421 a McCausland St. Ave. 4 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	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 Barbara Malkemus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	10	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Police Officer retired
(b) General nature of industry, business, or establishment in which employed (or employer) Met. Police Dept.
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Christ Malkemus

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

12. MAIDEN NAME OF MOTHER Katherina Ries

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

14. INFORMANT Mrs Barbara Malkemus
(Address) 1421 a McCausland Ave

15. FILED APR 20 1931 W. C. Jarvis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to April 19, 1931, that I last saw h. alive on April 18, 1931, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 A

1 32 A

1 Chronic Sn Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia due to acute depression of nerve cells acute

(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? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Louis T. Pim, M. D.

4/20, 1931 (Address) 3148 Lucas 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
Memorial Park Cem.	4-22 1931

20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5466 Easton Ave

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.

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

65 10 16

31½ [illegible]

10 to 15 2 to 3