

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

Do not use this space.

24876

1. PLACE OF DEATH

County..... Registration District No. 7571
Township..... Primary Registration District No. NO. 122
City ST. LOUIS MO. (No. 3856 SHERMAN PLACE. St. Ward)

File No.
Registered No. 7047
St. Ward)

2. FULL NAME WALDEMAR MALMENE.

(a) Residence, No. 3856 SHERMAN PLACE. St. 10 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 ANNIE MALMENE.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/27/1864.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND. 15

FATHER 13. NAME WALDEMAR MALMENE.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

MOTHER 15. MAIDEN NAME EMMA TRUNDELL.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND; 8

17. INFORMANT Mrs. Annie Malmen
(ADDRESS) 3856 SHERMAN PLACE.

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLA CEMETERY DATE 8/1/32. 19

19. UNDERTAKER Proctor Hud Co
(ADDRESS) 3710 N. GRAND BLV. D.

20. FILED 19 1917 May 23 1917
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29/32. 19

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to July 25, 1932

I last saw him alive on July 25, 1932 Death is said to have occurred on the date stated above, at 5-10 A/M

The principal cause of death and related causes of importance were as follows:

about 2 yrs ago
Gastric carcinoma
(Pylorus)
465
Other contributory causes of importance: 465
1

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) J. J. Mander M. D.
(Address) 3155 N. Vandeventer 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.

THIS IS A PERMANENT RECORD

