

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

Do not use this space.

42071

**1. PLACE OF DEATH**

County ..... Registration District No. 491  
 Township ..... Primary Registration District No. 20083  
 City St. Louis, (No. St. Ann's Home) St. .... Ward)

File No. ....  
 Registered No. 11195

**2. FULL NAME**

Ellen Malloy  
 (a) Residence, No. 5301 Page Ave. St. 6 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Malloy.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1847.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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. <sup>15</sup>

13. NAME William Kerwick.

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

15. MAIDEN NAME Hellie Lawler.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) John J. Malloy  
4022 California Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 19, 1938

19. UNDERTAKER (ADDRESS) J. H. Gibben, Ltd.  
2842 Examiners St.

20. FILED DEC 19 1938 Max E. Stawicki  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY that I attended deceased from October 10, 1937, to Dec. 15th, 1937  
 I last saw her alive on December 15, 1937. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:  
93C  
Chronic Myocarditis  
93D  
Inferiority of Age  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) John P. Langan Jr. M.D.  
 (Address) 2806 Birch Grand av

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.

