

DEC 2 2 1934

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

Do not use this space.

40594

## 1. PLACE OF DEATH

County St. Louis  
Township Central  
City St. Louis

Registration District No. 1  
Primary Registration District No. 6033  
(No. 902 Old Bonhomme Rd.)

File No. 310  
Registered No. 310  
St.          Ward         

## 2. FULL NAME

Edith Berghers Malone

(a) Residence, No. 902 Old Bonhomme Rd. 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 Female 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 John B. Malone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3<sup>rd</sup> 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 1 6

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.

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) Mo.

13. NAME Isaac Briggs

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

15. MAIDEN NAME Ephalonia Simler

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

17. INFORMANT Otto W. Kirpavok  
(ADDRESS) 6712 Chamberlain Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul DATE Nov. 12 1934

19. UNDERTAKER Mullen and Co.  
(ADDRESS) 3165 Delmar Blvd.

20. FILED 11-10- 1934 Edith Malone  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 1933 Aug 20 to Nov 9 1934

I last saw her alive on Nov. 3 1934 Death is said

to have occurred on the date stated above, at 3 1/2 m.

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

Central Hemorrhage Date of onset Nov-09

Other contributory causes of importance:  
Chronic Intestinal Nephritis ?  
Arteriosclerosis ?

Name of operation Cholecystectomy Date of Nov

What test confirmed diagnosis? Cholecystectomy 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? No

If so, specify         

(Signed) R. H. Harris, M. D.

(Address) Missy Charles  
St Louis Mo

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, ST. LOUIS, MISSOURI

2-2-34

