a. J. Henke -

Wellis Dist.

DEC 20 1935

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

Do not use this space.

40907

File No.

Registered No. 290

1. PLACE OF DEATH

County St Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033

City Overland Mo. (No. 2530 Wallis Ave. St. Ward)

2. FULL NAME Mary Malone

(a) Residence, No. 2536 Wallis St., 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1880

7. AGE: Years 55 Months 3 Days 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) 8/14/33

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME John Malone

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

MOTHER

15. MAIDEN NAME Bridget Kennedy

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

17. INFORMANT (ADDRESS) Michael Malone 2530 Wallis

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 12-4-35

19. UNDERTAKER (ADDRESS) Baumann Bros Inc. Overland, Mo.

20. FILED 12-2-1935 Sea Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to Dec. 2, 1935

I last saw h. alive on Nov. 30, 1935. Death is said to have occurred on the date stated above, at 1:05 A.m.

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

	Date of onset
Primary Carcinoma of Breast	
50	

Other contributory causes of importance: Secondary Carcinoma of Pleura

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) A. J. Henke, M. D.

(Address) 2206 Howard St.

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.

WHEN FILLED OUT, UNFOLDING THIS STRIP WILL MAKE THIS IS A PERMANENT RECORD