21

JAN 13 1936

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

Do not use this space.

41123

File No. .....

Registered No. 10330

791

1003

1. PLACE OF DEATH

County .....

Township .....

City St Louis (No. City Hospitial St. ..... Ward)

Registration District No. .....

Primary Registration District No. .....

2. FULL NAME Augustus Lee Maloney

(a) Residence, No. 1845 a S. 10 th Str St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Esther Maloney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1804.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
31.	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dealer

10. Date deceased last worked at this occupation (month and year) 30 Days

11. Total time (years) spent in this occupation 5 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Robert Maloney

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

MOTHER

15. MAIDEN NAME Sarah Bragg.

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

17. INFORMANT Mrs Esther Maloney.
(ADDRESS) 1845 s 10 th Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood DATE Dec 9 1935

19. UNDERTAKER A. W. Laughlin
(ADDRESS) 2301 Lafayette

20. FILED DEC - 7 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6/1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.05 A.m.

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

Second degree burn of trunk of body following fire in truck driven by deceased in front of 3014 Pennsylvania Manner & cause of coal not be ascertained.

Date of onset

Other contributory causes of importance:

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? Accid. Date of injury 12/7/1935
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place - in auto on street.
Manner of injury Burns
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify .....

(Signed) Harold L. Behrens, M. D.
(Address) Dupree

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.