

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

Do not use this space.

JUL 8 - 1937

791  
1003

21791  
5543

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. City Hospital No. 1)

File No.....

Registered No.....

St. .... Ward)

C 2682

2. FULL NAME Aniela (Nellie) Malon

(a) Residence, No. 1011 Monroe St., 26 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 Frank Malon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1893

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>35</u>	<u>43</u>	<u>11</u>	<u>7</u>	

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

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

10. Date deceased last worked at this occupation (month and year) May 25-1937 11. Total time (years) spent in this occupation.....

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

13. NAME Roch Tich

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

15. MAIDEN NAME Margaret Schebilek

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

17. INFORMANT Hosp. Infom. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 7-1937

19. UNDERTAKER Brockland Und. Company (ADDRESS) 1827 Hogan St.

20. FILED JUN 4 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/37 19

22. I HEREBY CERTIFY, That I attended deceased from 5/25/37, 19, to 6/2/37, 19

I last saw him/her on 6/2/37, 19. Death is said

to have occurred on the date stated above, at 10:55

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

Pharyngitis Acute and Diphtheria  
Loeb's Pneumonia  
Parotitis, Acute Suppurative  
Pericarditis, Acute

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 of injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Roy Greenbaum, M. D.

(Address) City Hospital No. 1

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.

MOTHER FATHER OCCUPATION

35  
43  
11  
7



Handwritten text, possibly a signature or name, oriented vertically in the center of the page.