

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32817

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. ....) City Sanitarium St. .... Ward)

2. FULL NAME **Edward Maloney**

(a) Residence, No. **6814 Plateau Ave.** St. **4** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **54** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Mary Maloney**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**About 56**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Trucker**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **City Sanitarium**

10. Date deceased last worked at this occupation (month and year) **9-18-38** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Arnold A. Cook M.D.**  
(ADDRESS) **5300 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Sept 24 37**

19. UNDERTAKER (ADDRESS) **Edwards & Co. Inc. 746 Manchester Ave.**

20. FILED **SEP 23 1937** **B. Black**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-21-37** 19..

22. I HEREBY CERTIFY, That I attended deceased from **July 1, /37** 19..... to **9-21-37** 19.....

I last saw him alive on **9-21-37** 19..... Death is said to have occurred on the date stated above, at **8:00** m. A.M.

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

**Bronchiogenic Carcinoma of lung** Date of onset **8-4-37x**

Other contributory causes of importance: **Metastatic Carcinoma to lungs & liver** **9-18-37x**

**Bronchiectasis** **8-4-37x**

**Lobar Pneumonia** **9-18-37** Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes.**

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) **Arnold A. Cook** M. D.

(Address) **5300 Arsenal**

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.

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