

REC'D MAY 10 1938

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

13404

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1008 Registered No. 4008  
 (c) City St. Louis (d) Street No. Firmin Desloge Hospital St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James Maloney 4500  
 (a) Residence, No. 4216 W. Lexington Ave. St. 10  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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) **Mar. 26, 1856**

7. AGE YEARS **82** MONTHS **1** DAYS **2** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**  
 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) **Wisconsin**

FATHER 13. NAME **Thomas Maloney**

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

MOTHER 15. MAIDEN NAME **Margaret Heroll**

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

17. INFORMANT (ADDRESS) **Mr. Harry C. Maloney**  
**1022 Grand View Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Apr. 30, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers**  
**1710 N. Grand Blvd.**

20. FILED **APR 29 1938** **J. F. Brebeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4 - 28**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **4 - 20**, 19**38**, to **4 - 28**, 19**38**

I last saw him alive on **4 - 28**, 19**38**. Death is said to have occurred on the date stated above, at **1:30** p. m.

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

**Carcinoma of Rectum**

Date of onset

Other contributory causes of importance:

**Post Operative Shock**

Name of operation **Abdominal Resection** Date of **4-26-38**

What test confirmed diagnosis? **Biopsy** 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) **J. F. Brebeck** M. D.

(Address) **Firmin Desloge Hospital**

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Fred Frick  
Licensed Embalmer No. 3186

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**