

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGES should be stated EXACTLY. PHYSICIANS SHOULD STATE

DEC 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4464, Shaw**) St. _____ Ward) **37713**
400 File No. **10040**

2. FULL NAME Nathan Malley

(a) Residence, No. 4464a Shaw St. 17 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Ab. 66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer
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)..... **11. Total time (years) spent in this occupation**.....

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

13. NAME Solomon Malley

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

15. MAIDEN NAME Rebecca (unk)

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

17. INFORMANT Mrs. Anna Malley
 (ADDRESS) 4464a Shaw

18. BURIAL, CREMATION, OR REMOVAL NOV 21 1938
 PLACE Chesed Shel Emeth

19. UNDERTAKER H. B. Berger
 (ADDRESS) 4715 McPherson Ave.

20. FILED NOV 21 1938 J. J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938 to Nov. 20, 1938

I last saw him alive on Nov. 20, 1938 Death is said to have occurred on the date stated above, at 12:15 pm.

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

Cardiac Dilatation
 Hypertrophy

Other contributory causes of importance:

aertio-sclerosis.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no, Date of injury....., 19.....
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

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

(Signed) H. F. Westphaelinger M. D.
 (Address) 1901 Alfred Av.
St. Louis Mo

HERBERT I. BERGER # 1597

Embalmed by m2 _____

H. I. Berger
1597