

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JUL 17 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20548

Registrar's No. 5392

Registration District No. 791
1009

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 (Specify whether

In this community
 years, months or days

3. (a) PRINT FULL NAME Maurice Maloney

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bella 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 7, 1879
 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 9 If less than one day
 hr. min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business S

MOTHER FATHER { 12. Name Maurice Maloney

13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary O Malley

15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Kent

(b) Address City Hospital No. 1

17. (a) BURIAL (b) Date thereof 6-19-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director William J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUN 17 1939 (b) J. F. Beckwith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1523 a North Union
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16,
 year 1939 hour 9/45 a minute _____ M.

21. I hereby certify that I attended the deceased from 5/31/39
 _____, 19____, to 6/16/39, 19____;
 that I last saw him alive on 6/16/39, 19____;
 and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of Lung
 Duration _____

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) W H

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. O. Mulligan (M. D. or other) _____
 Address City Hospital No. 1 Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Stanley Marchlewski

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.