DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27430

REC'D SEP 14 1939

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6930

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town E. St. Louis NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1720 Boismenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME 450 Della Malone

3. (b) If veteran, name war no

3. (c) Social Security No. nil

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Malone

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Mar 8 - 1887
(Month) (Day) (Year)

8. AGE: Years 52 | Months 4 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace TiptonVille (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Maid

11. Industry or business Domestic

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elvira Clemmons
15. Birthplace Chattanoga (City, town, or county) Tenn (State or foreign country)

16. (a) Informant's own signature Florence Seward
(b) Address 1720 Boismenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director [illegible]
(b) Address 3517 [illegible]

19. (a) AUG 9 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1939 hour 6 minute 09 P M.

21. I hereby certify that I attended the deceased from 7-30, 1939, to 8-4, 1939;
that I last saw her alive on 8-4, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Enteritis	6 days
Due to Error in diet	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Enteritis	

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

23. Signature H. H. Mathews (M. D. or other)
Address 1341 P 199 N. E. Shore Date signed 8/8/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Saclede

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.