No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4588

Registration District No. 791 FEB MAR 12 1940

Primary Registration District No. 1003

Registrar's No. 1418

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 19
(If outside city or town limits write "RURAL")

(d) Street No. 3630 Grandel Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No Attending Physician years.

3. (a) PRINT FULL NAME Robert W Maloney

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex FMale

5. Color or race White

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

6. (b) Name of husband or wife Catherine Harlan Maloney

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug (Month) 7 (Day) 1876 (Year)

8. AGE: Years 63 Months 56 Days 4 If less than one day hr. min.

9. Birthplace New York (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Insurance Agent

11. Industry or business 9

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Maloney
(b) Address 4927 Aldine Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave 64

19. (a) FEB 13 1940 (Date received local registrar) (b) J. T. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1940 hour 2 minute 30 p M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Heart
Coronary Thrombosis
Arterio Sclerosis

Due to Pending

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 4

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 2-12-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2265

P. O. Address.....

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

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