

MAY 15 1940
Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Herman F. Mallue 407

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Caroline Mallue 6. (c) Age of husband or wife if alive 85 years7. Birth date of deceased June 18 1868
(Month) (Day) (Year)8. AGE: Years 71 Months 10 Days 8 If less than one day _____ hr. _____ min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Grocer11. Industry or business Retired12. Name Frederick Mallue18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Heneretta Koch15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Caroline Mallue(b) Address 1236a Blackstone17. (a) Burial (b) Date thereof 4-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Zions Cem.18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) APR 29 1940 (b) J. F. Braduch
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1236a Blackstone Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 40 hour 7 AM minute _____ M.21. I hereby certify that I attended the deceased from April 20, 1940, to April 26, 1940
that I last saw him alive on April 25, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of larynx Duration IndefiniteDue to Carcinoma of Squamous Cell, PrimaryDue to _____
Other conditions None
(Include pregnancy within 3 months of death)Major findings: Of operations Carcinoma of larynx & Squamous cell
Of autopsy None

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) Means of injury _____

23. Signature John D. Braduch (M. D. or other) _____
Address Metropolitan Bldg. Date signed 4/26/40

Certificate No. 3534

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: *Warren A. Carver*
Licensed Embalmer No. *3534*
P. O. Address.....

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.