

Registration District No. **791** Primary Registration District No. **1003**

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
none 2010 S. Twelfth
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **5 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **Saint Louis** **23**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2010 South Twelfth**
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **NORBERT LEE MALONE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **January 1 1935**
(Month) (Day) (Year)

8. AGE: Years **5** Months **8** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil** **0**

11. Industry or business _____ **0**

MOTHER FATHER { 12. Name **Joseph Leo Malone**
 18. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Edna Marie Lammert**
 15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph L. Malone**
 (b) Address **2010 S. Twelfth St., St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 11, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Old St. Peter & Paul Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
 (b) Address **7814 S. Broadway, St. Louis, Mo.**

19. (a) **SEP 9 1940** (b) **J. P. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8**
 year **1940** hour **8:40 am** minute _____ 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 **Lobar Pneumonia**
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Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____ (County) (State)

(d) Did injury occur in or about _____ farm, in industrial place, in public place?

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

23. Signature **Joseph L. Malone** (M. D. or other) _____
 Address **St. Louis, Mo.**

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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 *Edwin H. Leebinger*

Licensed Embalmer No. *4049*

P. O. Address *6th & Chippewa*

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

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