

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5046

FILED MAR 25 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1294

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis

(c) Name of hospital or institution:
City 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)

3. (a) PRINT FULL NAME. Angie Mallette (Angeline)

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex. Female

5. Color or race. White

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

6. (b) Name of husband or wife. Late Wm. Mallette

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

7. Birth date of deceased. March 4th 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	3	hr. min.

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

10. Usual occupation. Housewife

11. Industry or business.....

MOTHER FATHER {

12. Name. Unknown Lamb

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

14. Maiden name. Unknown

15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. George Mallette

(b) Address. 1616 So. Vandeventer Ave.

17. (a) Burial (b) Date thereof. 2-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sunset Burial Park

18. (a) Signature of funeral director. Kriegshauser Mortuar

(b) Address. 4228 So. Kingshighway Blvd.

19. (a) SEP 8 1941 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. 800

(c) City or town. St. Louis 1717
(If outside city or town limits, write "RURAL")

(d) Street No. 1616 So. Vandeventer Ave.
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Feb. day. 7th
year. 1941 hour. 3 minute. 00 P.M. M.

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

Immediate cause of death. Fracture Left Femur, Pulmonary Embolism
Deceased. 1616 So. Vandeventer Ave. St. Louis, Mo. 28 1941
Exact time unknown

Duration
Physician

Other conditions (Include pregnancy within 3 months of death)

Major findings: 186a
Of operations: 18

Of autopsy: 18

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) Accident

(b) Date of occurrence. May 28 1941

(c) Where did injury occur? Missouri
(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) Home
(e) Means of injury. fall.

23. Signature. [Signature] (M. D. or other)

Address. [Signature] Date signed. 2/8/41

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

Reinhold K. Lehmann

Licensed Embalmer No. *3395*

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, fact should be so stated above.