V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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. 4678

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1358

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos (Specify whether
In this community ——— years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12. 000 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Ann Mallo

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex f 1

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Albert W. Mallo

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Dec. 7, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	5	hr. min.

9. Birthplace Streator, Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation at Home

11. Industry or business at Home

FATHER
12. Name John E. Carr 4
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Hazen 4
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Valhalla Cemetery

18. (a) Signature of funeral director A. Kraus L & U. Co
(b) Address 2707 N. Grand Blvd

19. (a) FEB 13 1942 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day II year 1942 hour 7.50 minute P. M. M.

21. I hereby certify that I attended the deceased from October 12 1942, 19 to Feb. 11, 1942, 19 that I last saw her alive on February 11, 1942, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Week
Due to Hypertension	16 mths
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ----------
Of autopsy ----------

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 Alan Carstens (M. D. or other)
Address 558 N. Grand Blvd Date signed 2-12-42

(Licensed Embalmer's Statement on Reverse Side)

separate.
Embalmer's Certificate filed

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.....

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.