S. No. 2
1—1-4-41
. 5-17-39
P I X28390

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

8930

State File No. 2538

FILED APR 13 1942

Registration District No. 791 Primary Registration District No. 1103 Registrar's No.

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs. 1 mo. 5 dys. (Specify whether years, months or days)
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Erie House 3.4th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin Malloy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ??
6. (c) Age of husband or wife if alive ?? years
7. Birth date of deceased January 11, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	2	7	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Fireman
11. Industry or business
FATHER 12. Name Patrick Malloy
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Catherine Monohan
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant D.E.Basso
(b) Address 5800 Arsenal Street, St.Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director
(b) Address 1389 N. Union Blvd.
19. (a) MAR 21 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1942 hour 6:45 minute P.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	Duration
Unknown	
Arteriosclerotic vascular	
Due to disease	
Degenerative heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death) Amputation left leg for Arteriosc	2 yrs 3 m

Major findings:
Of operations Prostatectomy 9-8
Of autopsy No

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 Loren Blaney (M. D. or other)
Address 5600 Arsenal Date signed 3-18-42

(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 B W Finn

Licensed Embalmer No. 1591

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.