

FILED APR 17 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 In this community 21 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22. 100 17
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 416 S. 23rd St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Malachi Toney

3. (b) If veteran, --

3. (c) Social Security

name war

No.

4. Sex Male

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Nancy Toney

6. (c) Age of husband or wife if

alive 36 years

7. Birth date of deceased August 20th, 1896

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

45

7

15

hr.

min.

9. Birthplace

Columbia

(City, town, or county)

Mississippi

(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

James Toney

13. Birthplace

Columbia

(City, town, or county)

Mississippi

(State or foreign country)

14. Maiden name

Etsy Harry

15. Birthplace

Columbia

(City, town, or county)

Mississippi

(State or foreign country)

16. (a) Informant

Nancy Toney

(b) Address

416 So. 23rd. St.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

4-11-1942

(Month) (Day) (Year)

(c) Place: burial or cremation

Washington Park Cem.

18. (a) Signature of funeral director

Chas. J. Gates

(b) Address

4107 Finney Ave

19. (a)

APR 7 1942

(Date received local registrar)

J. F. Oudebeck

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5,
 year 1942 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from March
30, 1942 to April 5, 1942
 that I last saw him in alive on April 5, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

Glomerular Nephritis

Duration

4-6 days

Due to

Not from a Clin Neph-
ritis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

1/30

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?

While at work

(Specify type of place)

(e) Means of injury

23. Signature W. J. Emery (M. D. or other)

Address 2607 N. Whittier Date signed 4/7/42

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

STATEMENT BY LICENSED EMBALMER

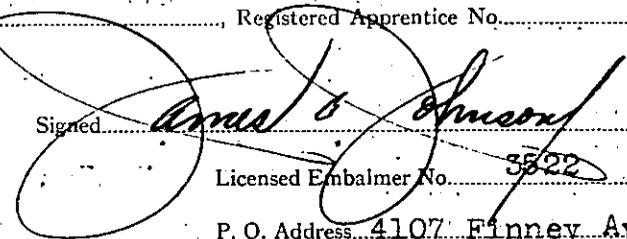
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3502

P. O. Address 4107 Finney Ave.

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.