

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

38091

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED NOV 28 1942

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 2320

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

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Carsonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 years years, months or days

2. USUAL RESIDENCE OF DECEASED: St. Louis

(a) State Mo. (b) County St. Louis

(c) City or town Carsonville
(If outside city or town limits, write "RURAL")

(d) Street No. 8726 Link Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Everett Mallicoat

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1942 hour 1145 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 6 1942 to Nov 5 1942
that I last saw him alive on Nov 4 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single widowed married
divorced 2

6. (b) Name of husband or wife Susan Stephens 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased: July 28 1860
(Month) (Day) (Year)

Immediate cause of death: Apoplexy

Due to: Hypertension

Due to: Senility

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

8. AGE: Years 82 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace: Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired R.R. Carpenter

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name: John J. Mallicoat

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. R. B. Castano

(b) Address: 8726 Link, Carsonville, Mo.

17. (a) Burial (b) Date thereof: 11-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: De Soto, Mo.

18. (a) Signature of funeral director: J. Lee Motherhead

(b) Address: De Soto, Mo.

19. (a) NOV 22 1942 (b) C. J. McDermott
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature: C. E. Sterling (M. D. or other) MD
Address: 11-5-42 Date signed: 11-5-42

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11/7/42

NOV 20 1942

NOV 17 1942

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 *J. P. Mothushead*
Licensed Embalmer No: *3531*
P. O. Address: *2201st. NW*

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.