

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.
Registrar's No. 222

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Casimir Malon
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Malon
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec 9 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 29
If less than one day hr. min.

9. Birthplace Poland Warsaw
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Informant in business
Name Jan Malon
Birthplace Poland Warsaw
(City, town, or county) (State or foreign country)
Maiden name Margaret Gumbach
Birthplace Poland Warsaw
(City, town, or county) (State or foreign country)

16. (a) Informant Vincent Malon
(b) Address 1909 Blair ave

17. (a) Burial (b) Date thereof 1-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Burial
(b) Address 1841 Cass ave

19. (a) JAN 9 1943 (b) J. F. Redeker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 Blair ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1943 hour 9:05 minute P. M.

21. I hereby certify that I attended the deceased from December 30, 1942 to January 7, 1943; that I last saw him alive on January 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus
Due to Anteriosclerosis
Other conditions Anteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Carcinoma of esophagus
Anteriosclerosis

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) (c) Means of injury
23. Signature Frank Heubly (M. D. or other) M.D.
Address 1515 Lafayette Avenue Date signed 1/8/43

Duration One month
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

G. W. Wilkinson

Licensed Embalmer No. 3575

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
City of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 222

On this 10th day of April, 1943, before me appears.....

Vincent Malon, who, upon his oath, states that the original record of ~~birth~~ death
for John J. Malon died Jan. 7th, 1943, in the State of
Missouri, and which was filed at St. Louis, Mo. on Jan. 9th, 1943, should be corrected as follows:

Item No. 3a should read John J. Malon

Instead of John Casimir Malon

Item No. 3c should read.....

Instead of.....

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Vincent Malon - son
Relationship.

x 1615 N. 16th St.
Present Address.

Subscribed and sworn to before me this: 10th day of April, 1943.

My Commission expires June 30, 1943 [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

546