

LED MAR 2 1943 818

Primary Registration District No. 1003

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

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 Hosp # 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than 24 hrs.
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

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

(d) Street No. 165 St George . 17
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harold Bernard Mallow

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1943 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 31 1942
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Inter Ventricular Duration _____
myocardial infarction
Also subarachnoid
hemorrhage involving the
right frontal lobe
cause undetermined

8. AGE: Years Months Days If less than one day

3	17		
hr.	min.		

Due to _____

Due to _____

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Walter Mallow

13. Birthplace Palmer MO
(City, town, or county) (State or foreign country)

14. Maiden name Berna Rockenkamp

15. Birthplace Bonne Terre MO
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Walter Mallow

(b) Address 165 St George

17. (a) Burial (b) Date thereof Feb 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre MO

18. (a) Signature of funeral director Walter Mallow

(b) Address 165 St George St

19. (a) FEB 18 1943 (Date received local registrar)
J. S. Bradock (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Vein

(b) Date of occurrence _____

(c) Where did injury occur? St Louis
(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 car

23. Signature Alfred G. Perry (M. D. or other)
Address Albany Date signed 2/18/43

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.

Not embalmed
Signed.....

Licensed Embalmer No. *Walter Mally*

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.