

FILED MAY 12 1943 318

Registration District No. 1000

4099

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:
1126 1/2 HADLEY ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 65 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 1/2 HADLEY ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Callie Malone

(b) If veteran, name war No

(c) Social Security No. No

4. FEMALE 5. Color or race C 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 3 years 1 1858 (Month) (Day) (Year)

7. Birth date of deceased 3 1 1858 (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 28 If less than one day MOO. hr. min.

9. Birthplace Troy (City, town, or county) MOO. (State or foreign country)

10. Usual occupation COOK

11. Industry or business

12. Name UNKNOWN

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

14. Maiden name " "

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

16. (a) Informant Jess Martin

(b) Address 11315 1/2 3rd St.

17. (a) BURIAL (b) Date thereof 5-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernie Love
(b) Address 3103 Washington

19. (a) MAY 3 1943 (b) J. F. Blodick (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1943 hour 3 minute 30

21. I hereby certify that I attended the deceased from March 1st 1942 to April 29th 1943 that I last saw him alive on April 29th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations m

Of autopsy m

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

(a) Accident, suicide, or homicide (specify) m

(b) Date of occurrence

(c) Where did injury occur? m (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 0

23. Signature J. F. Edmunds (M. D. or other)

Address 1936 1/2 Franklin Date signed 4-3-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.