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S. No. 2  
DM-2-43  
5-17-39

30187

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **8158**

**FILED SEP 21 1943 318**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

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) 0  
(d) Length of stay: In hospital or institution Mo. 13 Days  
(Specify whether  
In this community \_\_\_\_\_ Unknown  
years, months or days)

3. (a) PRINT FULL NAME Roy Mallory

3. (b) If veteran, name war No 3. (c) Social Security No. 494-07-3914

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

6. (b) Name of husband or wife May Mallory 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 30, 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business S. N. Long

MOTHER FATHER { 12. Name Henry Mallory 9

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

14. Maiden name Unknown

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

16. (a) Informant Matthew McCormick

(b) Address 4537 Genevieve Ave.

17. (a) Burial (b) Date thereof 9 14 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Shackel-Hilderick  
(b) Address 3634 Gravois Avenue

19. (a) SEP 14 1943 (b) J. F. Zedler  
(This received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4537 Genevieve Ave.  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country \_\_\_\_\_

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 11,  
year 1943 hour 7:15 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July  
29, 1943 to September 11, 1943  
that I last saw him alive on September 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma  
of the lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) H/I

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

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 Russell W. Blanchard (M.D. or other) MD  
Address 1515 Lafayette Avenue Date signed 9/13/43

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**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

**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.**