

No. 2
4-5-43
5-17-39
1 X38677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36570

NOV 18 1943 318

State File No. _____
Registrar's No. 9819

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3943 North 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3943 N. 9th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph W. Mallett
(b) If veteran, name war Spanish
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November, Day 6th, year 1943, hour 9:30 AM minute _____ M.
21. I hereby certify that I attended the deceased from Nov 4 3 to Nov 2 4 3
that I last saw him alive on Nov 2 4 3 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 Married
(b) Name of husband or wife Mamie Mallett nee Powers
(c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 8, 1874
(Month) (Day) (Year)

Immediate cause of death _____
Acute cardiac dilatation
chronic myocarditis
endocarditis, thrombosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Watchman

11. Industry or business _____

MOTHER FATHER
12. Name Louis Mallett
13. Birthplace Unknown Ills.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Bush
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mamie Mallett
(b) Address 3943 N. 9th St.

17. (a) Burial (b) Date thereof 11/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) NOV 9 1943 (Date received local registrar)
J. F. Breach (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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? _____
(Specify type of place) _____
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature E. H. Silber (M. D. or other)
Address 312 1/2 Grand Date signed 11/8/43

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

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 *Harford G Burnley*
Licensed Embalmer No. *4202*
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.