

FILED JAN 3 1944

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1003

State File No.

Registrar's No.

11564

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4521 Cote Brillante
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Nettie Malone

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced, 2 widowed

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

7. Birth date of deceased March 10
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation H.S.W.K.

11. Industry or business _____

MOTHER FATHER { 12. Name Alex Jones
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Louise
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Lavin
(b) Address 4521 Cote Brillante

17. (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 E. Finney

19. (a) DEC 23 1943 (b) J. F. Bradach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town ST. LOUIS 911
(If outside city or town limits, write "RURAL")
(d) Street No. 4521 Cote Brillante
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 12 1943 to Dec 1943
that I last saw her alive on Dec 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease

Due to Rheumatism

Other conditions (Include pregnancy within 3 months of death) 925

Major findings: Of operations _____

Of autopsy _____

Duration

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 Samuel Stafford (M.D. or other) _____
Address 925 N. Jefferson Date signed 12/27/43

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 J. J. Watson

Licensed Embalmer No. 249A

P. O. Address 2769 Chouteau

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.