S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9233

Registrar's No. 3131

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:
Max Starkloff Hospital City Hosp
(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)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 93
(If outside city or town limits, write "RURAL") N
(d) Street No. 2300 Rear Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Maloney
3. (b) If veteran, name war No
3. (c) Social Security No. ------
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --------
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased January (Month) 7 (Day) 1937 (Year)
8. AGE: Years 7 Months 2 Days 24 If less than one day ------- hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At School
11. Industry or business
MOTHER FATHER
12. Name Joseph Maloney
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Bernice Wieland
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Bernice Maloney
(b) Address 4063 Connecticut St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/44 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul
18. (a) Signature of funeral director Tom C. Mogdell
(b) Address 1926 Allen Ave.
19. (a) APR 2 (Date received local registrar) (b) J. F. Brennan (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 1st year 1944 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h... alive on ....., 19...;
and that death occurred on the date and hour stated above.
Immediate cause of death multiple fracture of skull Laceration of Brain when he was struck by an unknown hit, driven Deceased and who fails to stop, in front of 1417 S. Due to Broadway about 3.05 PM Apr. 1 1944 (Duration)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations MOC-8
Of autopsy 21
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) Homicide
(b) Date of occurrence Apr 1 1944
(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? Public place (Specify type of place)
While at work? No (e) Means of injury Auto
23. Signature (M. D. or other)
Address Date signed 4/3/44

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. David

Licensed Embalmer No. 3741

P. O. Address 1926 allen ave.

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.