

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED NOV 23 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **35606**  
Registrar's No. **9929**

Registration District No. **318** 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:  
1728 Oregon Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life \_\_\_\_\_ (Specify whether  
years, months or days)

**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. 1728 Oregon Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Willis Malone Jr.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month November day 14th  
year 1945 hour 10:30 minute A M.  
21. I hereby certify that I attended the deceased from 11/5/45  
\_\_\_\_\_ 19\_\_\_\_ to 11/17 19\_\_\_\_;  
that I last saw h. in alive on 11/13 19\_\_\_\_  
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  
6. (b) Name of husband or wife Selma 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased July 28 1892  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Portal Cirrhosis  
(Include pregnancy within 3 months of death)

**8. AGE:** Years Months Days If less than one day  
53 3 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance

11. Industry or business Self

12. Name Willis Malone

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

14. Maiden name Josie Pollock

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

16. (a) Informant Mrs. Selma Malone

(b) Address 1728 Oregon Ave

17. (a) Burial (b) Date thereof Nov 17 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park  
Petz Bros

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 3029 Lafayette Ave

19. (a) NOV 16 1945 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) None  
(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 Chas. J. [unclear] (M. D. or other) \_\_\_\_\_  
Address 3102 So. [unclear] Date signed 11/15/45

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

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17  
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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.....

working under my personal supervision.

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

Signed

*Frank J. Owens*

Licensed Embalmer No. 2245

P. O. Address At Home

**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.**