

FILED JAN 21 1946

Registration District No. 217

Primary Registration District No. 3063

Registrar's No. 89

1945
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days 12 hrs.
(Specify whether years, months or days)

In this community 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 5661 Janet Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EVERETT MALLORY

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

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

6. (b) Name of husband or wife Elizabeth Seely 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 11, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 16 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Deekrus Mallory

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

14. Maiden name Cornelia Ewing

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

16. (a) Informant Laverne Johnson-Daughter

(b) Address 9707 Foster Avenue

17. (a) Burial (b) Date thereof 1/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) 1-12-46 (b) E. J. M. Harrow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Ninth
year 1946 hour Three minute 55 AM.

21. I hereby certify that I attended the deceased from January 1st, 1946 to January 9th, 1946; that I last saw him alive on January 9th, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebro Vascular Accident

Due to 61

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Oliver Hendrix (M. D. or other) _____
Address 601 Brentwood Date signed 9-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

APR 17 1947

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.....

Henry Eymck

Licensed Embalmer No..... 1284

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.