

FILED JUN 21 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5332**

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:
5566 Terry 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..... (Specify whether
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") 17
(d) Street No. 6 5566 Terry Ave.
(If rural, give location) 90
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Annie Malee
3. (b) If veteran, name war..... 3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael J. Malee 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 29th 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10th
year 1948 hour 3:45 minute P.M.
21. I hereby certify that I attended the deceased from January 23, 1948, to June 10, 1948
that I last saw him alive on June 10, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 11 hr. min.
9. Birthplace Ireland (City, town, or county) (State or foreign country) 4
10. Usual occupation Housewife
11. Industry or business.....
12. Name C. Quarrle 4
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Michael J. Malee
(b) Address 5566 Terry Ave.
17. (c) Burial (Burial, cremation, or removal) (b) Date thereof: 6/14/48
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.
19. (a) JUN 11 1948 (Date received local registrar) (b) J.F. Bredel (Registrar's signature)

Immediate cause of death Hypertensive Heart Disease
Due to arteriosclerosis
Due to.....
Other conditions (Include pregnancy within 3 months of death) 98
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?
23. Signature H.F. Brennan (Specify type of place) (M. D. or other)
Address 3720 Washington Blvd (e) Means of injury
Date signed 6/11/48

MOTHER FATHER

D. H. F. Bergman
F

3720 Washington Ave.

JE. 6204

2:00 pm

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

Robert L. Berkman
Licensed Embalmer No. 3553

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.