FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24515

FILED JUL 23 1948

Registration District No. 318

Primary Registration District No.

Registrar's No. 6384

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: St. John's Hosp. 1
(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: 1008

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3874 Juniata St. 0
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MATTHEW J. MALONEY

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Hilda

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sep't. (Month) 18 (Day) 1886 (Year)

8. AGE: Years 61 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Dayton (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Steamfitter

11. Industry or business Midwest Pipe & Supply Co.

FATHER
12. Name Edward Maloney
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Winnifred Costello
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Hilda Maloney
(b) Address 3874 Juniata

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Bk. Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1948 hour 4:55 minute A. 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 2nd & 3rd degree burns face, arms and hips; Chronic Endocarditis; when the steam valve was turned on by an unknown employee of The Union Electric Company when the deceased went into a sump in the sub basement to make an adjustment at the Union Electric Sub-station at the foot of Ashley Street, around 9:10 AM July 16, 1948, ACCIDENT

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 181
Of autopsy 11

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) ACCIDENT 000

(b) Date of occurrence 7-16-1948

(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? Industrial place 3
(Specify type of place)

While at work? Yes (e) Means of injury see above

23. Signature Patrick E. Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 7-19-48

(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.....

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

working under my personal supervision.

Signed Richard W. Storesund

Licensed Embalmer No. 4007

P. O. Address.....

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

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