

FILED AUG 23 1948

1003

Registrar's No.

7074

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County..... St Louis
(b) City or town..... St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... 2547 W Dodier 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 days3. (a) PRINT
FULL NAMEAlexander Malon

3. (b) If veteran,

3. (c) Social Security No.

name war.....

- Male 0 5. Color White 6. (a) Single, widowed, married,
4. Sex..... race..... divorced..... W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... Dec 20 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 7 21 hr. min

9. Birthplace..... Poland A
(City, town, or country) (State or foreign country)

10. Usual occupation..... Tavern owner

11. Industry or business..... Michael Malon

12. Name..... Poland 4
13. Birthplace.....
(City, town, or country) (State or foreign country)

14. Maiden name..... Unknown
15. Birthplace..... Poland A
(City, town, or country) (State or foreign country)

16. (a) Informant..... Bernice Piekarski
(b) Address..... 2547 W Dolder Str.

17. (a) Burial (b) Date thereof..... 8/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation..... Calvary Cemetery
Central Und Co

18. (a) Signature of funeral director.....
(b) Address..... 1841 Cass Ave

19. (a) AUG 12 1948 (b) J. A. Buelack
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Mo (b) County.....
(c) City or town..... St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2547 West Dodier
20 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th,
year 1948 hour 12:12 minute 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..... Strangulation due to
Hanging; when deceased was found
hanging by a rope from the rafters
Due to..... in the garage in the rear of his
home at 2547 W. Dodier St., on Aug.
Due to..... 11th, 1948, at about 12:00 P.M.
SUICIDE WHILE SUFFERING FROM TEMPORARY

Other conditions..... MENTAL ABERRATION
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)..... Suicide
(b) Date of occurrence..... Aug. 11th, 1948
(c) Where did injury occur?..... St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public
place?..... About home
(Specify type of place)

While at work..... No (c) Means of injury..... See Above

23. Signature..... Patrick E. Taylor (D. or other)
Deputy Coroner Date signed 8-12-48

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 _____

Licensed Embalmer No. 4055

P. O. Address St. Louis

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.