

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28002

State File No. 7685

FILED SEP 18 1948

Registration District No. Primary Registration District No. 1003

Registrar's 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: St. Johns Hospital  
(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)

3. (a) PRINT NAME

Charles Lyle Malone

3. (b) If veteran, name war World War I & II 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Malone 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased June 7 1891  
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired Army Officer

11. Industry or business Insurance Agency

12. Name Elias Jackson Malone  
13. Birthplace Marshall Co. Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ethel Bridges  
15. Birthplace Carbondale Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Malone  
(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 8-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) AUG 31 1948 (b) J. F. Rudolph  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Sikeston  
(If outside city or town limits, write "RURAL")  
(d) Street No. N R. (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 29  
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-12 1948 to 8-29 1948  
that I last saw him alive on 8-29 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive C-V R.  
Disease

Due to \_\_\_\_\_  
Due to 131

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Dr. J. F. Rudolph (M. D. or other) \_\_\_\_\_  
Address 4700 Washington Blvd. Date signed 8-31-48

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

OCT 14 1948

DEC 2 1948

OCT 5 1949

### 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 Gustav W. Dietrich  
Licensed Embalmer No. 4329  
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.**