

Registration District No. 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:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community 26 yrs
 years, months or days)

3: (a) PRINT FULL NAME Robert Lewis Malone

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

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

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

7. Birth date of deceased May 24, 1920
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>3</u>	<u>5</u>	<u>Ala.</u> hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Roger Malone

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

14. Maiden name Amelia Hicks

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

16. (a) Informant Amelia Malone

(b) Address 3646 Finney Ave.

17. (a) Burial (b) Date thereof 9/3/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Edits Funeral Home
2820 Stoddard St.

(b) Address
 19. (a) AUG 30 1948 (Date received local registrar)
J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3746 Cook
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
 year 1948 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from August 26, 1948 to August 29, 1948
 that I last saw him alive on August 29, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Right Uppert Lobar Pneumonia</u>	<u>Unk</u>
<u>Chr Alcoholism</u>	<u>Unk</u>
<u>Delirium Tremens</u>	<u>Unk</u>

Due to 108
 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) (e) Means of injury

23. Signature [Signature] (M. D. 8-30-48)
 Address 2601 N Whittier St Date signed

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

MOTHER FATHER

OCT 1 1948

2212

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 A. C. Lande Jordan

Licensed Embalmer No. 3457

P. O. Address City

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.