

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43126

State File No. _____
Registrar's No. **04825**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
c. LENGTH OF STAY (If this place) 2 da.		d. STREET ADDRESS (If rural, give location) 22 N. Iola Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MACK b. (Middle) _____ c. (Last) MALONE			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 25, 1885		9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 6 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Carmi, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Milton A. Malome		13b. MOTHER'S MAIDEN NAME Artie M. Files		14. NAME OF HUSBAND OR WIFE Ethel M. Malome	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 494-05-0752		17. INFORMANT'S SIGNATURE OR NAME Ethel M. Malome ADDRESS 22 N. Iola Dr. Webster Groves, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic cardiovascular disease			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchial asthma				4 1/2 hrs	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Dec. 27**, 1949, to **Dec. 29**, 1949, that I last saw the deceased alive on **Dec. 29**, 1949, and that death occurred at **7:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Albert Schie (Degree or title) V. M. D.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED Dec. 12-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 31, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Ceme.	
				24d. LOCATION (City, town, or county) (State) St. Louis Co.	

DATE REC'D BY LOCAL REG. 12-31-49		REGISTRAR'S SIGNATURE Herbert P. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH ADDRESS 7450 Manchester Ave. Maplewood, 17, Mo.	
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JAN 10 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.