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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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FILED MAR 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7174  
 Registrar's No. 357

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>UNK.</b>		d. STREET ADDRESS (If rural, give location) <b>1421 Hogan St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Home #2</b>			

3. NAME OF DECEASED (Type or Print) <b>Mary</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>Mallon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>About 1879</b>		9. AGE (In years last birthday) <b>70?</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Tuscola, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Patrick Mallon</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Cassidy</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Paul H. Fulton, Decatur, Ill.</b>	
18. ADDRESS _____		18. ADDRESS _____		18. ADDRESS _____	

18. CAUSE OF DEATH (Enter on this cause per line for (a), (b), and (c) <b>3 N</b> )		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic myocarditis</b>		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death not related to the disease or condition causing death. _____				<b>47.872</b>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>422.2</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Feb 8 1950 2:15pm</b>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

I hereby certify that I attended the deceased from **June 8, 1949**, to **Feb 8, 1950**, that I last saw the deceased alive on **Feb 6, 1950**, and that death occurred at **12:15pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. S. Merlin</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>2707 Poloma</b>		23c. DATE SIGNED <b>2-9-50</b>	
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24b. DATE <b>2-10-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary City</b>		24d. LOCATION (City or town) (State) <b>St. Louis, Mo. Ill.</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB. 9 1950</b> <b>Barburt R. Douke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington Blvd.</b>	
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(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edwin R. Sadwell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 7174  
Local Registrar's No. 351

State of Missouri  
City of St. Louis ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10 day of February, 1950, before me appears  
Albert H. Hoppe, who, upon his oath, states that the original record of ~~DEATH~~ death  
for Mary Mallon died Feb. 8, 1950, in the State of  
Missouri, and which was filed at Clayton, Mo. on 2-9-50, 1950, should be corrected as follows:

Item No. 24a should read Removal

Instead of Burial

Item No. 24c should read City

Instead of Calvary

Item No. 24d should read Champaign, Ill.

Instead of St. Louis, Mo.

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) 

Affiant Albert H. Hoppe  
Relationship. \_\_\_\_\_

Present Address. \_\_\_\_\_

Subscribed and sworn to before me this 10<sup>th</sup> day of February, 1950

Odna R. Baxter Notary Public.

My Commission Expires Sept. 23, 1951

Affidavits containing erasures will not be accepted; draw one line through error and write above it.