

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35768

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2541

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carsonville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>	
c. LENGTH OF STAY (In this place) <b>2 wks.</b>		d. STREET ADDRESS (If rural, give location) <b>7515 Rannells Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Penn Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNE</b> b. (Middle) _____ c. (Last) <b>MALLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>1-13-1876</b>	9. AGE (In years last birthday) <b>74</b>	10. MONTHS <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Henry Koetter</b>	13b. MOTHER'S MAIDEN NAME <b>Lizetta Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Emmett Malley</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 AND ADDRESS <b>Melvin Chapman, 1037 Van Nostrand Ave, St. Louis, Mo.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Chs. Cardio Vasculer Disease</b>		
	DUE TO (c) <b>Advanced Arterio Sclerosis with hypertension</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>with hypertension</b>			<b>4437</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4437</b>	20. AUTOPSY? YES <input 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?
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22. I hereby certify that I attended the deceased from July, 1948, to Oct 17th, 1950, that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 1042 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dorothy L. Oct. 17, 1950</b>	23b. ADDRESS <b>2816 Sutton Maplewood Mo.</b>	23c. DATE SIGNED <b>10/19/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-21-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 20 1950</b>	REGISTRAR'S SIGNATURE <b>H. Donker</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Jay B. Smith, Maplewood 17, Mp.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

*Robert T. Sangster*

Signed .....

Student Embalmer

Licensed Embalmer No. 4290

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.