

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2772**
381
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2.239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp Assn.				STREET ADDRESS (If rural, give location) 1936 SO. BROADWAY			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) WASHINGTON		c. (Last) MALLOY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 26, 1907	
9. AGE (In years last birthday) 43		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Manufacturers Ry		11. BIRTHPLACE (State or foreign country) Patterson, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James H. Malloy		13b. MOTHER'S MARDEN NAME Eva Williams		14. NAME OF HUSBAND OR WIFE Viola Corchee Rannette Malloy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 726-09-0156		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Malloy 1936 So. Broadway			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholelithiasis, left temporal lobe. INTERVAL BETWEEN ONSET AND DEATH 8 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Nov 10, 1950		19b. MAJOR FINDINGS OF OPERATION Cholelithiasis, left temporal lobe				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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X					
22. I hereby certify that I attended the deceased from Oct 31, 1950 , to 12 Jan, 1951 , that I last saw the deceased alive on 12 Jan, 1951 , and that death occurred at 7:25 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. B. Sauter M.D.				23b. ADDRESS 617 N. Grand St. St. Louis		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY New Greenville		24d. LOCATION (City, town, or county) (State) Greenville, Missouri	
DATE REC'D BY LOCAL REG. JAN 15 1951		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2301 Lafayette Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address St Louis

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.