

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45424**
Registrar's No. **12119**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY D | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219 | |
| c. LENGTH OF STAY (In this place) _____ | | d. STREET ADDRESS (If rural, give location) 21 1851^{1/2} Division | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer C. Phillips | | _____ | |

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|---|-----------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Loyi b. (Middle) Mallette c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 19, 1953 | |
| 5. SEX Male | 6. COLOR OF RACE Col | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Be fully) Married | 8. DATE OF BIRTH Sept 26, 1880 |
| 9. AGE (In years last birthday) 73 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi | 11. BIRTHPLACE (City and State or Foreign Country) Miss |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY? _____ | |

| | | |
|---|--|--|
| 13a. FATHER'S NAME Albert Mallette | 13b. MOTHER'S MARDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Estelle Mallette |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Estelle Mallette ADDRESS 1851^{1/2} Division |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Occlusion Arterio Sclerosis | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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 _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) (Min) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4201 |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:05 P.M.**, from the causes and on the date stated above.

| | | |
|---|--------------------------------|--|
| 23a. SIGNATURE Wm. J. Papp (Degree or title) _____ | 23b. ADDRESS 1200 Clark | 23c. DATE SIGNED 12/31/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removed | 24b. DATE Dec. 24/53 | 24c. NAME OF CEMETERY OR CREMATORY Cal Vale |
| 24d. LOCATION (City, town, or county) (State) St. Louis MO | | |

| | | |
|---|---|--|
| DATE REC'D BY LOCAL REG. DEC 23 1953 | REGISTRAR'S SIGNATURE J. Carl Smith MO | 25. FUNERAL DIRECTOR'S SIGNATURE F. A. Allen ADDRESS 4214 Delmar |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

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

F. A. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 Colman St*

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.