

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35684

State File No.

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9093**

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 MO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2728 - ST. LOUIS		e. STREET ADDRESS (If rural, give location) 20 2728 - ST. LOUIS				
3. NAME OF DECEASED (Type or Print) JOSEPH C. MALLONEE			4. DATE OF DEATH (Month) (Day) (Year) OCT 5 1954			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 3 1879	9. AGE (in years last birthday) 75	10. IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MACHINE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) IOWA		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CLEON MALLONEE		13b. MOTHER'S MAIDEN NAME MAY J. CORNELIUS		
14. NAME OF HUSBAND OR WIFE ELIZABETH MALLONEE		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. 491-14-5987		
17. INFORMANT'S SIGNATURE OR NAME FRED MALLONEE		17. ADDRESS 9163 RAMONA				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paronychia acclusior ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastro enteritis DUE TO (c) L II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. L			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? none		
22. I hereby certify that I attended the deceased from 7/3 - 1930 , to 10/5 , 1954, that I last saw the deceased alive on 10/4 , 1954, and that death occurred at 5 P. m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Dr. F. H. ...			23b. ADDRESS St. Louis 2739 ...		23c. DATE SIGNED 10/5/54	
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE OCT. 1954	24c. NAME OF CEMETERY OR CREMATORY FAIRMOUNT CEM.		24d. LOCATION (City, town, or county) (State) DENVER COLORADO	
DATE REC'D BY LOCAL REG. OCT 7 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Garrison		

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

7-8
Wed.
FR 1-1800
2717 N. Gennd
FRI. 2611

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.....
Signature of Student Embalmer

Signed.....
Leo J. Buddle

Licensed Embalmer No. 398
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.