

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19028

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4857

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 OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp e. STREET ADDRESS (If rural, give location) 4998 Fyler

3. NAME OF DECEASED (Type or Print) a. (First) Aurelia b. (Middle) T c. (Last) Malone 4. DATE OF DEATH (Month) (Day) (Year) May 22 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Mar 18 1909 9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 weeks: Days) (If under 24 hours: Hours) (If under 60 minutes: Mins.) 48

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Clerk 10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry Schomaker 13b. MOTHER'S MAIDEN NAME Emma Abie 14. NAME OF HUSBAND OR WIFE Joseph J Malone

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. 489 20 9512 17. INFORMANT'S SIGNATURE OR NAME Joseph J Malone ADDRESS 4998 Fyler

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH 3 mos.
ANTECEDENT CAUSES
Morbidity 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. 193x

18a. DATE OF OPERATION May 17, 1957 19b. MAJOR FINDINGS OF OPERATION Brain Tumor 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4-25 1957 to May 22 1957, that I last saw the deceased alive on May 21, 1957 and that death occurred at 5:35A m., from the causes and on the date stated above.

23a. SIGNATURE Frank A. Palazzo MD (Degree or title) 23b. ADDRESS 4161 Lidel Blvd. 23c. DATE SIGNED 5-23-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 24 57 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. MAY 23 57 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur ADDRESS 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes on the left margin: "J. Malone", "St. Louis", "Missouri", "Baptist", "Hosp", "Clerk", "Brown Shoe Co", "St. Louis Mo", "USA", "193x", "4-25 1957", "May 22 1957", "5:35A", "Frank A. Palazzo MD", "4161 Lidel Blvd.", "5-23-57", "E.J. Schnur", "3125 Lafayette".

No. 1
 Date
 Name
 Age
 Sex
 Race
 Religion
 Occupation
 Cause of Death
 Place of Death
 Date of Death
 Name of Physician
 Name of Hospital
 Name of Burial Place
 Name of Undertaker
 Name of Embalmer
 Name of Student Embalmer
 Name of Witness
 Name of Witness
 Name of Witness

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 *Thomas R. Fenwick*

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.