

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37818

STATE FILE NUMBER

9593

FILED OCT 29 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

Health, Welfare Public Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <b>St. Louis Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>01 1310a Warren Str</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>226 1310a Warren St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Anthony</b> Middle <b>J</b> Last <b>Malon</b>				4. DATE OF DEATH Month <b>Oct</b> Day <b>14</b> Year <b>57</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>April 14, 1907</b>		9. AGE (In years last birthday) <b>50</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookbinder</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Bechtold Bindery</b>			11. BIRTHPLACE (City and state or country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>John Malon</b>				14. MOTHER'S MAIDEN NAME <b>Mary Deptula</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>486-18-0089</b>		17. INFORMANT <b>John Malon 1310a Warren Str</b>				Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Suffocation by laughing</b>								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Deceased laughed self in</b>									
20c. TIME OF INJURY Hour <b>10:45</b> Month <b>10</b> Day <b>14</b> Year <b>57</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>									
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>		COUNTY		STATE					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>1007 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>John P. Quinn</b> (Degree or Title) <b>3</b>				22b. ADDRESS <b>1300 Clark</b>				22c. DATE SIGNED <b>10/15/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-18-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>				
24. FUNERAL DIRECTOR <b>Central Und Co 1841 Cass ave</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>OCT 15 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

*msb*

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..... *J. M. Pister*

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.