

2
43
7-39
K35697

FILED JUL 15 1944

Primary Registration District No. **1003**

Registrar's No. **5955**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Moses Newton Mallerson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lillian Mallerson** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **January 5 1871**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **27** If less than one day hr. min.

9. Birthplace **Montgomery City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Moses Newton Mallerson**

13. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret McClure**

15. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Recharadson**

(b) Address **Mexico, Missouri**

17. (a) **Burial** (b) Date thereof **7-5-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montgomery City, Mo. Albert H. Hoppe**

18. (a) Signature of funeral director **4700 Washington Blvd**

(b) Address **Albert H. Hoppe**

19. (a) **JUL 3 1944** (Date received local registrar) **J. F. Bradeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Montgomery**
(c) City or town **Montgomery City**
(If outside city or town limits, write "RURAL")
(d) Street No. **14R**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1944** hour **7** minute **20** A.M.

21. I hereby certify that I attended the deceased from **June 9 1944** to **July 2 1944**; that I last saw him alive on **July 2 1944**; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum with myocardial thrombosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of rectum**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Harold C. M. Cannon** (M. D. or other)

Address **5535 19th** Date signed **7-2-1944**

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

70
1
0
14R

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John Ogonski

Licensed Embalmer No.....

3398

P. O. Address.....

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.