

JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1656
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 54 54
 (c) City St. Joseph (d) Street No. 810 S.17th. St.
 (e) Length of residence in city or town where death occurred 50 yrs. = mos. = ds. (f) How long in U. S., if of foreign birth? 30 yrs. = mos. = ds.

2. PRINT FULL NAME

479 Frank Maleski
 (a) Residence, No. 810 S.17th. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Maleski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired-Dry Salt Dept
 9. Industry or business in which work was done, as saw mill, bank, etc. Hammond Packing Co.
 10. Date deceased last worked at this occupation (month and year) 1918. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

FATHER 13. NAME Demski Maleski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

17. INFORMANT Mrs. Tony J. Thomas
 (ADDRESS) 810 S.17th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
 PLACE St. Joseph, Mo. DATE Jan. 20 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo

20. FILED Jan 19 39 J. J. Nestlbaum
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18 1939

22. I HEREBY CERTIFY, that I attended deceased from January 17 1939 to January 18 1939
 I last saw him alive on January 2 1939. Death is said to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
apoplexy
 Date of onset January 1938

Other contributory causes of importance Arterio Sclerosis notes

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Dr. John W. Wilson M. D.
 (Address) 1017 1/2 St. Joseph Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Elbert E. Harrington

or by

Registered Apprentice No., working under my personal supervision.

Signed

Elbert E. Harrington

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str. St. Jose

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, above space should be left blank.