

FILED AUG 5 1940
Registration District No. 184

Primary Registration District No. 200

Registrar's No. 71395

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 6/11/40
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2605 Olive Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? unknown years.

8. (a) PRINT FULL NAME Sam Malley
 (b) If veteran, name war World War (c) Social Security No. 488-10-7389

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 26
 year 1940 hour 9:45 minute _____ a. m.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if
 alive _____ years

21. I hereby certify that I attended the deceased from
June 11, 1940, to July 26, 1940
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased January 5 1892
 (Month) (Day) (Year)

Immediate cause of death
Coronary arteriosclerotic heart disease, with coronary occlusion,
 Due to myocardial damage, anginal syndrome, and myocardial insufficiency. unkn.
 Due to _____

8. AGE: Years Months Days If less than one day
48 6 21 hr. _____ min.

Other conditions None.
 (Include pregnancy within 3 months of death)

9. Birthplace Poland
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy No autopsy.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Tailor

11. Industry or business _____

12. Name Unavailable

13. Birthplace Unavailable
 (City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schelley

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 7-29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Washington

(b) Address 4469 Washington

19. (a) JUL 27 1940 (b) _____
 (Date received local registrar) (Registrar's signature)

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?
707

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

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____

Address Chief Medical Officer Date signed _____

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

6

m

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

Meyer
working under my personal supervision.

Registered Apprentice No.

Signed

W. J. Penhance
Licensed Embalmer No. *3669*

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, above space should be left blank.