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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32570

FILED OCT 20 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8611

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home, 1424 Laurel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1424 Laurel
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAM MALENSKY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie Malensky

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.
Abt. 51

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

10. Usual occupation Shoemaker

11. Industry or business Repairing

FATHER
12. Name Jacob Malensky
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Etta Bluestein
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Frieda Malensky
(b) Address 1424 Laurel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah Kadisha

18. (a) Signature of funeral director O. Lenhandler
(b) Address 4469 Washington

19. (a) Oct 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 44 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov Feb 1943 to date 1944
that I last saw him alive on 2/27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery obstruct. — Duration: Hours.

Due to: Coronary art. sclerosis — Years
Hypertension — Years

Due to: This certificate made out for

Other conditions (Include pregnancy within 3 months of death): Dr. J. Elson from his records. Dr. Elson in military service

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Llewellyn Sale (M. D.)
Address 4500 Olive Date signed 10/10/44

(Licensed Embalmer's Statement on Reverse Side)

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 W. B. Denhoudler

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, fact should be so stated above.