

FILED SEP 7 1948

Registration District No. _____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1000

Primary Registration District No. _____

25513

State File No. _____

Registrar's No. 915

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether years, months or days)
 In this community 37 years

3. (a) PRINT FRANK MALETA
FULL NAME

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 Josephine
 6. (c) Age of husband or wife if alive, dead years
 7. Birth date of deceased August 15, 1869
 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 13
 If less than one day hr. _____ min. _____

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

10. Usual occupation Custodian

11. Industry or business St Stanislaus Church

12. Name Anthony Maleta

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Maleta (son)

(b) Address 615 Alabama St., City

17. (a) Burial (b) Date thereof 8/31/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pivert Cemetery

18. (a) Signature of funeral director John E. Jenkins

(b) Address 6054 Pryor Ave., City

19. (a) 7-1-48 (b) E. E. Jenkins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 615 Alabama St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Naturalized Pole

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28,
 year 1948 hour 9 minute :10 P.M.

21. I hereby certify that I attended the deceased from Aug. 28, 1948, to Aug 28, 1948,
 that I last saw him alive on Aug. 28, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac Failure
 Duration Several years in progress

Due to Arteriosclerosis General

Due to Chronic Cardiovascular Disease

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____

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) Means of injury _____

23. Signature Robert H. Kieker (M. D. or other)
 Address P. S. Bldg., St. Joseph, Mo Date signed Aug 31, 48

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.....

Grandal R. Stabe

Registered Apprentice No. *213*

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address.....

St. Joseph, Mo.

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.