

FILED SEP 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7361

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7361	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri		c. LENGTH OF STAY (in this place) 23 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS (If rural, give location) 109 Powell Avenue			
3. NAME OF DECEASED (Type or Print) Oliver		a. (First)		b. (Middle) J.		c. (Last) Maleri	
4. DATE OF DEATH August 23rd, 1949		4. DATE (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 20th, 1895		9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months 3 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Baking Company		11. BIRTHPLACE (State or foreign country) Trenton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Maleri		13b. MOTHER'S MAIDEN NAME Mary Hoe		14. NAME OF HUSBAND OR WIFE Elsie Maleri nee Duvall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Maleri, 109 Powell Ave., Ferguson, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza (Virus) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia DUE TO (c) Chr myocarditis				INTERVAL BETWEEN ONSET AND DEATH 8-15-49 1947	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 23rd			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 480 X			
22. I hereby certify that I attended the deceased from 8-19-1949 , to 8-23-1949 , that I last saw the deceased alive on 8/23/1949 , and that death occurred at 1:48 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray Johnson M.D.		23b. ADDRESS Ferguson Mo		23c. DATE SIGNED 8/23/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/25/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri	
DATE REC'D BY LOCAL REGS. AUG 24 1949		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

40 N. W. Hancock St

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John A. McLean

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.