

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42739

FILED DEC 27 1949

318

1003

State File No. _____
Registrar's No. 10739

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 10739			
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 St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		4/5 10			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospt.				d. STREET ADDRESS (If rural, give location) 889 St. Dennis					
3. NAME OF DECEASED (Type or Print) a. (First) Stanley		b. (Middle) J		c. (Last) Malawey		4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 7 1906			
9. AGE (In years last birthday) 43		F UNDER 1 YEAR Months		F UNDER 1 YEAR Days		F UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. MARRIED OF BUSINESS OR INDUSTRY Landis Mach Co		11. BIRTHPLACE (State or foreign country) DuBois Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Malawey		13b. MOTHER'S MAIDEN NAME Lea Grott		14. NAME OF HUSBAND OR WIFE Regina Malawey					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-07-9920		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Regina Malawey, 889 Dennis St					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES _____				Cerebral Apoplexy	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS _____					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) _____		(STATE) 830			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X					
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 A.M. on _____, 19____, from the causes and on the date stated above.									
23a. SIGNATURE (Degree of title) Patrick E. Taylor, Coroner				23b. ADDRESS 1500 Clark		23c. DATE SIGNED 12-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 13 1949		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cent		24d. LOCATION (City, town, or county) (State) Florissant Mo.			
DATE REC'D BY LOCAL REG. DEC 14 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave					

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

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 Alfred J. Brediker

Licensed Embalmer No. 11257 Hudsamut

P. O. Address 11257 Hudsamut

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.