

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 10 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11131

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 35 YRS.		d. FULL NAME OF HOSPITAL OR INSTITUTION 1432 A REAR-NO. 7TH ST.	
d. STREET ADDRESS 1432 A REAR NO. 7TH ST.			
3. NAME OF DECEASED (Type or Print) a. (First) STANLEY b. (Middle) c. (Last) ORBLISH			4. DATE OF DEATH (Month) (Day) (Year) DEC. 16TH 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 15TH 1893
9. AGE (In years last birthday) 58		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY? POLAND	
13a. FATHER'S NAME JOHN-ORBLISH		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE KATHERINE-ORBLISH. (DECD.)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. NONE.		16. SOCIAL SECURITY NO. NONE.	
17. INFORMANT'S SIGNATURE OR NAME Vivian M. Malachuk		ADDRESS 1928th Kamehanga 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stab wound of heart, self inflicted at his home at 1432 No 7th St., on Dec 16, 1951 at about 12:05 pm</u> DUE TO (b) <u>suicide, while suffering from temporary mental aberration</u> DUE TO (c) <u>suicide, while suffering from temporary mental aberration</u> 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 (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 16 5:12 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 6977X			
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 12:05 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Quinn Deputy Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/17/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 20TH 1951	
24c. NAME OF CEMETERY OR CREMATORY CALVARY.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. DEC 17 1951		25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. - 1827-HOGAN-ST.	

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

*Robert M. Murray*

Licensed Embalmer No. ....

*3749*

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.