

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37752**

FILED DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1270**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>40 yrs.</b>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>527 Kentucky St.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>STANLEY</b>			b. (Middle)		
c. (Last) <b>MALETA</b>			<b>12 2 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10-16-1895</b>	9. AGE (In years last birthday) <b>57</b>	10. MONTHS <b>57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Policeman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joseph P.D.</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Nat. USA</b>			13. COUNTRY <b>USA</b>		

13a. FATHER'S NAME <b>Frank Maleta</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine ?</b>	14. NAME OF HUSBAND OR WIFE <b>Katie Maleta (de)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Dornhoffer</b>
		ADDRESS <b>527 Kentucky St.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Osteogenic Sarcoma</b>				<b>6 months</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
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. <b>Metastatic Sarcoma Abdomen</b>		<b>1 month</b>

19a. DATE OF OPERATION <b>June 19, 1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>Sarcoma of Bone - Pelvis</b>	19c. DATE <b>196x</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from **6-16-52**, 19**52**, to **12-2-52**, 19**52**, that I last saw the deceased alive on **12-2-52**, 19**52**, and that death occurred at **8:56P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. Serine</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>207 P45 Bldg. St. Joseph, Mo.</b>	23c. DATE SIGNED <b>12-4-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-5-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Dec. 6, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cost</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John C. Huff</b>
		ADDRESS <b>St. Joseph, Mo.</b>

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 \_\_\_\_\_

*John E. Ruff*

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.