

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12715**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **728**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN RIGHT MOND HEIGHTS	c. LENGTH OF STAY (in this place) 2 WKS.	c. CITY OR TOWN LEHAY ?	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 4830 3930 CORDES DRIVE 1	

3. NAME OF DECEASED (Type or Print) a. (First) MATTHEW b. (Middle) MATHIAS c. (Last) MACHALEK			4. DATE OF DEATH (Month) (Day) (Year) MAR. 4 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 21 1881	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) BOHEMIA 8	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME MATTHEW MACHALEK		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHANNA MACHALEK (DEC'D)	
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) NONE 490-32-0607		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS AUDREY MICHALEK 3930 CORDES DRIVE	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thromboses		
		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **11-29-1951** to **3-4-1953**, that I last saw the deceased alive on **3-4-1953** and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alonad Malle, M.D.		23b. ADDRESS University Club Bldg.		23c. DATE SIGNED 3-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAR. 7 1953		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		24e. REGISTRAR'S SIGNATURE Herkert R. Danks, M.D.		24f. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thomas Kutis 2906 Beavris	
DATE REC'D BY LOCAL REG. 3-5-53		25. FURNERIAL DIRECTOR'S SIGNATURE AND ADDRESS Thomas Kutis 2906 Beavris			

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

University of North Dakota
2:45 PM

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.....
Signature of Student Embalmer

Signed *George E. Hill*.....

Licensed Embalmer No. *434701*.....

P. O. Address *2901 Hawk*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.