

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15979**
Registrar's No. **3716**

FILED **APR 23 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY | |
| b. CITY OR TOWN St. Louis, Missouri | | c. CITY OR TOWN St. Louis Mo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | e. STREET ADDRESS (If rural, give location) 2239 1921 So 11th St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ANDREW | | b. (Middle) MALCIC | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 5, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Abt 1863 |
| 9. AGE (In years last birthday) Abt 90 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer | 11. BIRTHPLACE (City and State or Foreign Country) Jugoslavia |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Barbara (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Katherine Belobardich | | ADDRESS 1921 So 11th | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized atherosclerosis ANTECEDENT CAUSES DUE TO (b) Senile Degeneration DUE TO (c) Cholesterol-lipid disturbance 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, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 4500 | | 22. I hereby certify that I attended the deceased from 4-3-53 , 19____, to 4-5-53 , 19____, that I last saw the deceased alive on 4-5-53 , 19____, and that death occurred at 10:50A m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE Albert E. Stock MD (Degree or title) | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 4-6-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 4-8-53 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetry | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home ADDRESS 1926 Allen | |
| DATE REC'D BY LOCAL REG. APR 8, 1953 | | REGISTRAR'S SIGNATURE [Signature] | |

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.....
Signature of Student Embalmer

Signed *Dale A. Shuman*.....
Licensed Embalmer No. *4533*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.