

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1-727204

DECEASED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1790

4005

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> | | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>4 Days</u> | | e. STREET ADDRESS (If rural, give location) <u>2809 5800 Clemens Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | | |

| | | | | | |
|---|----------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>J.</u> c. (Last) <u>Maruska Sr.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1953</u> | | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 7, 1888</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SELF - EMPLOYED</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

| | | |
|---|--|--|
| 13a. FATHER'S NAME <u>James Maruska</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Adele Maruska</u> |
|---|--|--|

| | | |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>493-09-5224</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Edwin J. Maruska Jr.</u> ADDRESS <u>8362 Elmore U.C.</u> |
|---|--|---|

| | | | |
|---|--|---|--|
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Spinal - Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardio-vascular disease</u> DUE TO (c) <u>1 yr</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 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) <u>442X</u> |
|--|--|---|

| | | |
|---|--|----------------------------------|
| 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 June 19, 1952 to June 26, 1953 that I last saw the deceased alive on 6-26, 1953, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

| | | |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Wm. J. Reilly</u> (Degree or title) _____ | 23b. ADDRESS <u>730 Hadriamont</u> | 23c. DATE SIGNED <u>6-27-53</u> |
|---|------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-29-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
|---|--------------------------|--|---|

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>6-27-53</u> | REGISTRAR'S SIGNATURE <u>Norbert P. Domba</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Kudell</u> |
|---|---|---|

730 Hochmann
10-11-11
DL 6558

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 *Francis Williamson*

Licensed Embalmer No. *3565*

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.