

## STANDARD CERTIFICATE OF DEATH

State File No. **4065**FILED **MAR 15 1954**  
BIRTH NO. REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **265**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>Five days</b>	c. CITY OR TOWN <b>St. Joseph</b>		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 <b>St. Joseph's Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>6301 Grant St. 01170</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GENEVIEVE</b>		b. (Middle)	c. (Last) <b>MALETA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 8 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-18-1916</b>		9. AGE (In years last birthday) <b>37</b> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work or business, or profession, or office, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State, or Foreign Country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Felix Siciarz</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Nisla</b>		14. NAME OF HUSBAND OR WIFE <b>John Maleta</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-09-1611</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Maleta, 6301 Grant St.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <b>St. Joseph, Mo.</b>				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage, intra abdominal with invasion of ureter and small bowel</b>	ANTECEDENT CAUSES <b>Generalized abd. carcinomatosis</b>				<b>24 hrs</b>
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Urethral carcinoma</b>				<b>6 mos</b>
DUE TO (c) <b>pyelonephritis recurrent</b>					<b>14 mos</b>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>pyelonephritis recurrent</b>				
19a. DATE OF OPERATION <b>March '53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of urethra</b>			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)			
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 <b>2:00 PM</b> to <b>3-8</b> , 1954, that I last saw the deceased alive on <b>March 8, 1954</b> , and that death occurred at <b>2:00 AM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Henry C. Williamson</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>St. Joseph Mo</b>		23c. DATE SIGNED <b>3-9-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-10-1954</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>Mar 11, 1954</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Joseph, Mo.</b>		

(Licensed Embalmer Statement on Reverse Side)

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

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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.....

*John E. Rupp*

Licensed Embalmer No. 390

P. O. Address.....  
*St. Joseph*

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.