

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24077

318

1003

Registrar's No. 5773

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 24077								
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		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 BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 19 4541 Laclede Avenue.,										
3. NAME OF DECEASED (Type or Print) Warren P. Maledy			a. (First)			b. (Middle) P.			c. (Last) Maledy			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 19, 1901		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman				10b. KIND OF BUSINESS OR INDUSTRY St. Louis Dairy				11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Peter Maledy				13b. MOTHER'S MAIDEN NAME Sarah Jane Tallent				14. NAME OF HUSBAND OR WIFE Georgia Maledy						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil				16. SOCIAL SECURITY NO. 342-03-7328		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Maledy, 4541 Laclede Ave.,								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction								26 days		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease								Sev. Yrs.		
				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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200										
22. I hereby certify that I attended the deceased from June 8, 1955, to July 2, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 2:45 pm., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) M. D. <i>H. R. Pringley</i>				23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 7/2/55						
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-5-55		24c. NAME OF CEMETERY OR CREMATORY Stonehill Cemetery		24d. LOCATION (City, town, or county) (State) Stone Hill, Missouri.								
DATE REC'D BY LOCAL REG. JUL 5 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blv								

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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..... *Paul A. Wach*

Licensed Embalmer No. *478*

P. O. Address *St Louis*

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.