

FILED JAN 29 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2930
314
Registrar's No. 314

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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		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"/>
c. LENGTH OF STAY (in hospital) 50 yrs.		e. STREET ADDRESS (If rural, give location) 2209 3918 VEST AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEW FAITH HOSPITAL		f. STREET ADDRESS (If rural, give location) 2209 3918 VEST AVE.	
3. NAME OF DECEASED (Type or Print) CVEJA	a. (First)	b. (Middle)	c. (Last) MALATICH
4. DATE OF DEATH (Month) (Day) (Year) JANUARY 10, 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 26, 1889
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER	10b. KIND OF BUSINESS OR INDUSTRY PACKING	11. BIRTHPLACE (City and State or Foreign Country) YUGO SLAVIA	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOSEPH MALATICH	13b. MOTHER'S MAIDEN NAME JOSEPHINE (UNKNOWN)	14. NAME OF HUSBAND OR WIFE MARY VEZA MALATICH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 489-07-8343	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DOROTHY MALATICH 3918 VEST AVE.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive pulmonary hemorrhage Bronchogenic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma DUE TO (c)		2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hypertensive cardio vascular disease Hyperuricemic arthritis Disease 3 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162x	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)	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 11-2, 1954, to 1-10, 1957, that I last saw the deceased alive on 1-10, 1957, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. S. E. Cacioppo (Degree or title) M.D.	23b. ADDRESS 3861 ST. LOUIS AVE	23c. DATE SIGNED 1/12/57
---	---------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN. 12, 1957	24c. NAME OF CEMETERY OR CREMATORY NEW BETHLEHEM CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. JAN 11 57	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.
------------------------------------	--	---

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

10-75 1130 F/21

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 J. Kuepfer
Licensed Embalmer No. 349
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.