

pt. Health,  
, & Welfare  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026066

STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL-MERAMEC</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS</b> 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HILL INC.</b> Length of stay in 1b <b>2 mos 8 days</b>		d. STREET ADDRESS (If outside, give location) <b>10 LONG MEADOWS</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>DANIEL JOSEPH MALONEY</b>			4. DATE OF DEATH Month Day Year <b>JULY 13 1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 14 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITY FIREMAN</b>	11. BIRTHPLACE (City and state or country) <b>BUFFALO, NEW YORK</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>DANIEL MALONEY</b>	
13b. MOTHER'S MAIDEN NAME <b>MARGARET KAUSNAUGH</b>		14. NAME OF HUSBAND OR WIFE <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>105-20-8102A</b>	
17. INFORMANT <b>ST. JOSEPH'S HILL INFIRMARY, EUREKA, MO.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPOSTATIC PNEUMONIA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b> DUE TO (c) <b>4500</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>5/5/58</b> to <b>7/11/58</b> and last saw him alive on <b>7/11/58</b> . Death occurred at <b>10:40 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. Mardes, M.D.</b>		22b. ADDRESS <b>St. Joseph's Hill Infirmary, Eureka, Mo.</b>	
22c. DATE SIGNED <b>7/13/58</b>			
23a. BIRTH CREATION, DATE OF BIRTH (Specify)	23b. DATE <b>7/15/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Lackawanna N.Y.</b>
24. FUNERAL DIRECTOR <b>Freyshauer</b> ADDRESS <b>4218 S. Kingshighway</b>		25. DATE RECD. BY LOCAL REG. <b>7-15-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(License Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

JUL 31 1958

DATE RECEIVED

JUL 23 1958

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 *Richard Strossand*

Licensed Embalmer No. *4007*

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.