Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003254
STATE FILE NUMBER 2 679

FILED FEB 4 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits Yes ☐ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6565 Arsenal St — Length of stay in 1b: 1yr	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY c. CITY OR TOWN: St Louis 2030 — Inside Limits Yes ☑ No ☐ d. STREET ADDRESS (If outside, give location): 6565 Arsenal Str — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Andrew; Middle: ; Last: Malcich

4. DATE OF DEATH: Month: Jan; Day: 29; Year: 1959

5. SEX: Male C

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH: Nov 25 1885

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Chipper

10b. KIND OF BUSINESS OR INDUSTRY: St Louis Cas

11. BIRTHPLACE (City and state or country): Jugoslavia 6

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Nickolas Malcich

13b. MOTHER'S MAIDEN NAME: Babrara Brus

14. NAME OF HUSBAND OR WIFE: Martha (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Ann M Thenhaus — Address: 6565 Arsenal Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

420.0

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

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 ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-4-55, to 1-20-59 and last saw ~~her~~ him alive on 1-18-59

Death occurred at 7 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. J. Merlin MD (Degree or title)

22b. ADDRESS: 3807 Potomac

22c. DATE SIGNED: 1-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1/23/59

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

23d. LOCATION (City, town, or county) (State): St Louis County Mo

24. FUNERAL DIRECTOR: Moydell Funeral Home — ADDRESS: 1926 Allen

25. DATE RECD. BY LOCAL REG.: JAN 20 '59

26. REGISTRAR'S SIGNATURE: J. Carl Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 me, Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed George Svoboda

Licensed Embalmer No. 4899

P. O. Address 1926 Allen

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.