

FILED JUL 2 1959
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023172

STATE FILE NUMBER

2 5912

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY FAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN VANDALIA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 199 DAYS	d. STREET ADDRESS (If outside, give location) 426 N 3RD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES W. MALCHOW			4. DATE OF DEATH Month Day Year JUNE 21, 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/24/98	9. AGE (In years 'ast birthday) 61 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) VANDALIA, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME LOUIS MALCHOW	13b. MOTHER'S MAIDEN NAME MARY OERTWIG	14. NAME OF HUSBAND OR WIFE VIOLA MALCHOW
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES WW II	16. SOCIAL SECURITY NO. 326-0301547	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA OF LUNG DUE TO (c) 163x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS, PARAPLEGIA SECONDARY TO (b).		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from **12/4/58** to **6/21/59** and last saw ^{him} **him** alive on **6/21/59**
Death occurred at **2:05 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signature or title) ARTHUR I. AUER MD	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 6-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/22/59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Vandalia, Illinois
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24. FUNERAL DIRECTOR ADDRESS John Hessler East St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. JUN 22 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Joseph Kasuly*
Licensed Embalmer No. *7541*

P. O. Address *St. Louis, Mo.*

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.