

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-022896

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5883 STATE FILE NUMBER

AMENDED

FILED JUN 29 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>Affton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Alexian Bros. Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7217 Waterford Dr.</u>
3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Malter</u> Last <u>Malter</u>		4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1961</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 3, 1921</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blanton Co.</u>		11. BIRTHPLACE (City and state or country) <u>ST. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Eugene Malter</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Malter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W. # 2</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Dorothy Malter 7217 Waterford Dr.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	<u>Cardiac Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) stating the underlying cause	<u>Cardiovascular disease</u>	<u>2 yrs</u>
DUE TO (b)	<u>Hypertension 420.1</u>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Ch arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Jan 1 - 1958, to June 23 - 61 and last saw her/him alive on 6/29/61.  
Death occurred at 7:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W H Malter M.D.</u>	(Degree or title)	22b. ADDRESS <u>3608 S Grand St</u>	22c. DATE SIGNED <u>6/24/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 26, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New ST. Marcus Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis, C., Mo.</u>
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24. FUNERAL DIRECTOR <u>With Bros. F. &amp; H. G. 6409 Gravois Ave.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JUN 24 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loal Smith M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1961

**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 Stanley H. Dixon

Licensed Embalmer No. 4195

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.