

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023701

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 167 Primary Registration District No. 5594 Registrar's No. 88

FILED JUL 13 1962

VS 300
Rev. 4/59

1 0500
2 0500
3
4 0
5 0
6
7 2
8 2
9 4200
10
11
12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC		c. CITY OR TOWN EUREKA	
Length of stay in 1b 33 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF.		d. STREET ADDRESS (If outside, give location) RURAL-MERAMEC	
3. NAME OF DECEASED (Type or print) First Middle Last BROTHER ANDREW MALKOWICZ		4. DATE OF DEATH Month Day Year JUNE 25 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/27/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENING		10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS	11. BIRTH PLACE (City and state or country) BOJANOWO, POLA
13a. FATHER'S NAME ADALBERT MALKOWICZ		13b. MOTHER'S MAIDEN NAME MARIANNA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT BROTHER PASCHAL, HILL INF.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis system			
DUE TO (c) heart disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 6/1/62 to 6/25/62 and last saw her alive on 6/18/62 Death occurred at 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. Bauer M.D. (Degree or title)		22b. ADDRESS Pacific Mo.	
22c. DATE SIGNED 6/25/62 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/28/62	23c. NAME OF CEMETERY OR CREMATORY St. Joseph Hills Cem.	23d. LOCATION (City, town, or county) Eureka Mo.
24. FUNERAL DIRECTOR Brimmer Funeral Home House Springs Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-28-62	26. REGISTRAR'S SIGNATURE Robert E. Bauer

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 Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Wichita 22 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.