

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036466

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8896** STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS**
 Length of stay in 1b D.O.A.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **CHRISTIAN HOSPITAL**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO** b. COUNTY **St. Louis**
 c. CITY OR TOWN **GLASGOW VILLAGE.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **10424 SPRING GARDEN** DR. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
MARY LOUISE MALATICH
 4. DATE OF DEATH Month Day Year
SEPT. 13 1962

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **DEC. 29, 1913** 9. AGE (last birthday) **48**
 IF UNDER 1 YEAR Months **8** Days **14** IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **BOOK-KEEPER** 11. BIRTHPLACE (City and state or country) **ARYGLE, MO.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **CHARLES BREEDEN** 13b. MOTHER'S MAIDEN NAME **MAUD CONRAD** 14. NAME OF HUSBAND OR WIFE **MICHAEL MALATICH**

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. **NO** 17. INFORMANT **CHARLES BREEDEN** Address **UNION, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute Coronary Occlusion**
 DUE TO (b) **Valvular Heart Disease**
 DUE TO (c) **4214**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
None

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
None

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.)
None 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **March 1955** to **Sept 13, 1962** and last saw her alive on **Sept. 11, 1962**
 Death occurred at **abt 2 PM 9-13-62** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **SA in approx [Signature]** (Degree or title) 22b. ADDRESS **3606 GRADYMAN** 22c. DATE SIGNED **9-14-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal L** 23b. DATE **9-14-62** 23c. NAME OF CEMETERY OR CREMATORY **ZION CEMETERY** 23d. LOCATION (City, town, or county) (State) **UNION, MO.**

24. FUNERAL DIRECTOR **OLTMANN FUNERAL HOME** ADDRESS **UNION, MO.** 25. DATE RECD. BY LOCAL REG. **SEP 14 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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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

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 W. Ford & Burnley

Licensed Embalmer No. 4202

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.