WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St Louis
Township
City Kirkwood (No. ..... St. ..... Ward)

Registration District No. 785
Primary Registration District No. 3037

File No. 20932
Registered No. 143

2. FULL NAME Charles J. Malecek
(a) Residence, No. 520 Holmes St., ... Ward. [illegible]
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth W. Malecek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 26th 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
7	72	0	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: engineer railroad
10. Date deceased last worked at this occupation (month and year): 10 approx ago
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

FATHER
13. NAME: Jacob Malecek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): R. J. Malecek 520 Holmes St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 6/26/33 19

19. UNDERTAKER (ADDRESS): Croghan Und Co. 7146 Manchester Ave.

20. FILED 6/26 1933 C. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to Jun 24, 1933
I last saw him alive on Jun 24, 1933. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset Jun 24

Other contributory causes of importance:
High Blood Pressure
Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify .....
(Signed) Henry Hanson, M. D.
(Address) 243 Wyt Jeff. Ave Kirkwood