V. S. No. 2
OM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 17553 Lang, Kirk.

Registrar's No. 573

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6301 Grant St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anita Johanna Salata

3. (b) If veteran, name war

3. (c) Social Security No. 488-14-1092

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stanley J

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 31 (Day) 1902 (Year)

8. AGE: Years 41 Months 9 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country)

10. Usual occupation Pork Trimmer

11. Industry or business Armour & Co.

FATHER
12. Name Frank Maleta
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Josephine Musiolek
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Stanley J. Salata
(b) Address 6301 Grant St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 29, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman Wm Sidenfadner
(b) Address 1802 Union St.

19. (a) May 29, 44 (Date received local registrar) (b) Helen I. Peckle (Registrar's signature)

1377

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 18, 1944, to May 25, 1944; that I last saw h or alive on May 25, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute appendicitis	9 ds
Due to: Peritonitis	7 ds
Due to: ✓	
Other conditions: ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations: State a a boon
Of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature Gustav A Lam (M. D. or other) M.D.
Address Kirk Bldg St Joseph Mo Date signed 5/26/44

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1944

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.