

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003850

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1129

STATE FILE NUMBER

FILED FEB 8 1963

VS 300	DATE AMENDED
Rev. 4/59	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
		St. Louis		65	Missouri			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits	d. STREET ADDRESS (If outside, give location)			Reside on Farm
City Hospital				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2332 Mullanphy St.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH		
THEODORE			RAYMOND	MASLANKA	Feb			1 1963
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR
Male	White			10/12/1897	65	Months	Days	Hours
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
Inspector		Electric Mfr		St. Louis, Missouri		USA		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
Casmier Maslanka			Regina Nehring					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates)				16. SOCIAL SECURITY NO.		17. INFORMANT Address		
NO				7		Miss Lou Maslanka 2332 Mullanphy		
18. CAUSE OF DEATH (Enter only one cause)								INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:								1 Day
IMMEDIATE CAUSE (a) <i>Extensive Myocardial Infarct</i>								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) <i>arteriosclerotic Corbis Vasculopathy</i>								
DUE TO (c) <i>Coronary & Myocardial Insufficiency</i>								
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.
								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)				
				4201				
20c. TIME OF INJURY		Hour s.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 <i>MARCH 3, 1956</i> to <i>FEB 1, 1963</i> and last saw her/him alive on <i>FEB 1, 1963</i>								
Death occurred at <i>2:35 Pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title)				22b. ADDRESS			22c. DATE SIGNED (State)	
<i>[Signature]</i>				1901 Madison St			2/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Burial		Feb 4, 1963		Calvary Cemetery		St. Louis, Missouri		
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
REIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE.				FEB 4 1963		<i>[Signature]</i>		

USE BLACK INK OR TYPEWRITER RIBBON

75

Stanley Clapciak
1901 Madison
12-4pm.

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



Licensed Embalmer No. 4520

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.