

FILED MAY 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13333**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3994**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI	c. LENGTH OF STAY (in this place) 30 YRS	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 4403 N. 20th ST.	

3. NAME OF DECEASED (Type or Print) EVELYN MALETICH-CSOLAK	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAY 1, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH FEB. 6, 1912	9. AGE (In years last birthday) 42	10. IF UNDER 1 YEAR Months	11. IF UNDER 6 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER	10b. KIND OF BUSINESS OR INDUSTRY SANDWICH SHOP	11. BIRTHPLACE (City and State or Foreign Country) MT. OLIVE ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME NICK KERNICK	13b. MOTHER'S MAIDEN NAME HELEN MODIC	14. NAME OF HUSBAND OR WIFE DIVORCED
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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. 489-03-3063	17. INFORMANT'S SIGNATURE OR NAME BERNICE MILLERING	ADDRESS 4403 N. 20th ST.
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 170X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-2-53**, 19___, to **5-1-54**, 19___, that I last saw the deceased alive on **5-1-54**, 19___, and that death occurred at **12:45A.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Ego	(Degree or title) M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 5-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5-4-54	24c. NAME OF CEMETERY OR CREMATORY MUNTERS CEMETERY	24d. LOCATION (City, town, or county) (State) MT. OLIVE ILLINOIS
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DATE REC'D BY LOCAL REG. MAY 3 1954	REGISTRAR'S SIGNATURE K. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE M. Schubmayer + sons	ADDRESS 3934 N. 20th St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Justav W. Dietrich*.....

Licensed Embalmer No. *432*

P. O. Address *St. Louis*.....

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.