

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

Do not use this space.

6578

**1. PLACE OF DEATH**

County..... Registration District No. **791** File No. ....  
 Township..... Primary Registration District No. **1003** Registered No. **1802**  
 City **St. Louis** (No. **Alexian Bros Hospital**) St. .... Ward **4**

**2. FULL NAME**

(a) Residence. No. **4422 Neosho St. 15** Ward. ....  
 (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 **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Adele Maich**  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 5 - 1885**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42 | 0 | 16**  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Machinist**  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**  
 10. NAME OF FATHER **Ferdinand Maich**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**  
 12. MAIDEN NAME OF MOTHER **Emilie Schwartz**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

14. INFORMANT **Adele Maich**  
 (Address) **4422 Neosho St**

15. FILED **FEB 22 1927** **Max S. Starneoff**  
 REGISTRAR

**5 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 21 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 5**, 19**27**, to **Feb 21**, 19**27**, and that I last saw him alive on **Feb 20**, 19**27**, and that death occurred, on the date stated above, at **6:30 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chc Endocarditis**  
**Chc Interstitial Nephritis**  
**Chc Passive congestion of liver & lungs**  
 (duration) yrs. mos. ds. **30 ds.**  
 CONTRIBUTORY **Suppression of Urine (America)**  
 (SECONDARY) (duration) yrs. mos. ds. **1 ds.**

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. ....  
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF .....  
 WAS THERE AN AUTOPSY? **no**  
 WHAT TEST CONFIRMED DIAGNOSIS? **of Urine & Blood**  
 (Signed) **C. H. Langstaff**, M. D.  
**2-21, 1927** (Address) **208 Hill Bldg**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peter Paul** DATE OF BURIAL **Feb 24 1927**

20. UNDERTAKER **Wacker-Heldorck** ADDRESS **2331 S. Bluff**

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.

RECORD

