1203

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27738

REC'D SEP 14 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 7238

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 21 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 Monroe St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 71 years.

3. (a) PRINT FULL NAME Charles Maisak 220

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 30 - 1868 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 19 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk 10

11. Industry or business retired 6

FATHER
12. Name Martin Maisak
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Bruckner
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Maisak
(b) Address 1919 Prairie ave.

17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof 8-21-39 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director John A. Gentemann
(b) Address 5977 Durant ave.

19. (a) AUG 21 1939 (Date received local registrar) (b) J. F. Bischoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18, year 1939 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from June 26, 1939 to August 18, 1939; that I last saw him alive on August 18, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Gangrene of left foot

Due to

Due to

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Mid-thigh Amputation Left

Of autopsy

Duration

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? 1 (Specify type of place)

While at work? (e) Means of injury

23. Signature Marshall H. Kelly (M. D. or other)

Address City Hospital, Date signed 8/18/39

(Licensed Embalmer's Statement on Reverse Side) 1515 Lafayette,

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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 J. S. Sullivan

Licensed Embalmer No. 11220

P. O. Address.....

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, above space should be left blank.