

JAN 22 1940

791

Registration District No.

Primary Registration District No.

Registrar's No. **10581**

1. PLACE OF DEATH: **1093**
 (a) County 2
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3146a Lafayette
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 55 years
years, months or days)

3. (a) PRINT FULL NAME Henry C. Maack **2670**
 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. Widower
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased November 5, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>5</u>	hr. min.

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

10. Usual occupation Retired Architect **6**

11. Industry or business _____
 12. Name Unknown **9**
 13. Birthplace Unknown **7**
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry C. Maack
 (b) Address 116 E. Swon, Webster Groves

17. (a) Cremation (b) Date thereof 11/12/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker - Heldele
 (b) Address 2331 S. Broadway

19. DEC 11 1939 (b) Jo Bredius
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3146a Lafayette
(If rural, give location)
 (e) Maack Physician years

20. DATE OF DEATH: Month Dec. day 10
 year 1939 hour 4 minute 15 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
arterio Sclerosis
 Due to _____
 Due to _____
 Other conditions PH
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (g) Means of injury 4

23. Signature Alfred J. Perry (M. D. or other) _____
 Address Alfred J. Perry Date signed 12.11.39

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.

USE CHARCOAL OR 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *Robert C. ...*

Licensed Embalmer No. *2128*

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.