

STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4996

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4052 Shreve Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 4052 Shreve Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Maag

8. (b) If veteran, name war None 3. (c) Social Security No. 492-09-0005

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Maag nee Unland 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 18, 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Foreman

11. Industry or business Landis Machine Co.

12. Name ? Maag

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kern

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mattie Maag

(b) Address 4052 Shreve Ave

17. (a) Burial (b) Date thereof 6/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 7 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1940 hour 2:40 AM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 10, 1938, to June 5, 1940
that I last saw him alive on June 3, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 14 months

Due to _____
Due to Coronary Lesion 14 months

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

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

23. Signature Albert G. Brinn (M. D. or other) _____
Address 1841 1/2 St Date signed 6/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Henry J. Hampton

Licensed Embalmer No.

2967

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 this body is not embalmed, above space should be left blank.