

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 157 JUL 17 1940 Primary Registration District No. 3036

Registrar's No. 114

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles 3
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 270

8. (a) PRINT FULL NAME William H. Maysack Jr.

8. (b) If veteran, name war No

3. (c) Social Security No. 494-01-7987

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Betty Ruth Maysack

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased December 12 1919
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>20</u>	<u>6</u>	<u>10</u>	hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

MOTHER FATHER

12. Name William H. Maysack, Sr.

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

14. Maiden name Adeta Deabric
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature William H. Maysack, Sr.

(b) Address 5071 N. Union, St. Louis, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof June 25-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Drehman-Harral Und. Co.

(b) Address 1905 Union, St. Louis, Mo.

19. (a) 6/24/40
(Date received local registrar)

(b) Clarence H. Messler
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County S

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

(d) Street No. 5071 Union Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22 day
year 1940 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from Held Inquest June 24th 1940, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 12 gauge shot gun wound in right side of abdomen.

Due to Gun accidentally discharged by deceased himself while in a row boat.

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

Major findings: 184 37
Of operations _____

Of autopsy No

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) Accident

(b) Date of occurrence June 23rd 1940

(c) Where did injury occur? near St. Charles, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or on Dardanne Creek. Discharge shot gun
(Specify type of place) (Means of injury)

• While at work? no

28. Signature John H. Buse (M. D. or other) _____

Address Coroner St. Charles Co. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

OCT 11 1946

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.....

Joseph Candoli

....., Registered Apprentice No. *243*

working under my personal supervision.

Signed

John E. Dallmeyer

Licensed Embalmer No. *2951*

P. O. Address

St Charles 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.