

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

37431
Do not use this space.

FILED DEC 11 1940
Registration District No. **791**
Primary Registration District No. **1003**
3411 Union

1. PLACE OF DEATH
(a) County
(b) Township
(c) City **St. Louis** (d) Street No. **3411 Union** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **25** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Emma Maxeiner**
(a) Residence, No. **3411 Union Blvd** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 12 1880**
7. AGE YEARS **60** MONTHS **9** DAYS **13** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as saw mill, bank, etc. **House Keeper**
10. Date deceased last worked at this occupation (month and year) **Feb 1 1940** 11. Total time spent in this occupation **45 yrs**

12. BIRTHPLACE (CITY OR TOWN) **Brighton** (STATE OR COUNTRY) **Ill**

FATHER 13. NAME **Henry Maxeiner**

14. BIRTHPLACE (CITY OR TOWN) **U** (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Ernestine Scheffel**

16. BIRTHPLACE (CITY OR TOWN) **u** (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Beatha Maxeiner 3411 North Union St. St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Brighton, Ill.** DATE **Nov 26 40**

19. FUNERAL DIRECTOR (NAME) **Bauer-Hornh** (ADDRESS) **Alton, Ill.**

20. FILED **NOV 26 1940** **J. F. Bradish** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/25/40**, 19
22. I HEREBY CERTIFY, That I attended deceased from **11/1/39**, 19, to **11/25/40**, 19.
I last saw him alive on **11/25/40**, 19. Death is said to have occurred on the date stated above, at **12 P.** m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Hypertensive vascular disease (2)
Coronary atherosclerosis - 6 mo

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **O. F. Beck**, M. D.
(Address) **Union St. St. Louis**

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.

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.....

Licensed Embalmer No.....

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.