

FILED OCT 6 1942

Registration District No. 184

Primary Registration District No. 200

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

1. PLACE OF DEATH: **St. Louis**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: **Elms Nursing Home 4**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **7 Months**  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **000**

(c) City or town: **St. Louis** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No.: **4007 St. Ferdinand St.** **9**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: **Emilie Maier**

3. (b) If veteran, name war: **No**

3. (c) Social Security No.: **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22**  
year **1942** hour **2** minute **30P.**

4. Sex: **Female**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Widow**

6. (b) Name of husband or wife: **John Maier**

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

7. Birth date of deceased: **Aug. 27, 1862**  
(Month) (Day) (Year)

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 Artery**

Duration \_\_\_\_\_

8. AGE: Years **80** Months **--** Days **25**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: **Arteriosclerosis** **46d**

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation: **Housework**

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: **Frank Temme**

13. Birthplace: **Germany 4**  
(State or foreign country)

14. Maiden name: **Unknown**

15. Birthplace: **Holland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Harry F. Heitbrink**

(b) Address: **2135A College Ave.**

17. (a) **Burial** (b) Date thereof: **Sept. 25, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **St. Johns Cemetery**

18. (a) Signature of funeral director: **Wm. F. Paschedag**

(b) Address: **2825 N. Grand Blvd**

19. (a) **SEP 23 1942** (b) **e. J. McDaniel M.D.**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury \_\_\_\_\_

23. Signature: **W. F. Paschedag** (M. D. or other) \_\_\_\_\_

Address: **4901 1/2 Broadway** Date signed: **9/23/42**

**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. G. Sullivan*

Licensed Embalmer No.....

*1122*

P. O. Address.....

*City*

**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, fact should be so stated above.**