

Registration District No. **102**

Primary Registration District No. **102**

Registrar's No. **257a**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Agnes Home 5
(If not in hospital or institution, write street number or location)

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

In this community 76 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 10341 Manchester Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maritz, Fannie

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Ferdinand Maritz

6. (c) Age of husband or wife if alive, years 5 1866 (Year)

7. Birth date of deceased August 5 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 1
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Guilfoy

{ 13. Birthplace County Cork, Ireland 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Taafe

{ 15. Birthplace County Cork, Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond E. Maritz

(b) Address 7308 Westmoreland Drive

17. (a) Burial (b) Date thereof Dec. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Road at Concordia Lane

19. (a) DEC 8 - 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day sixth
year 1942 hour six minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 3 1942 to Dec. 6 1942;
that I last saw her alive on Dec. 6 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy due to cerebral hemorrhage cerebral arteriosclerosis
Due to _____
Due to _____

Other conditions [Signature]
(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)
(e) Means of injury _____

Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 12-7-42

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

96
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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.....

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, fact should be so stated above.