

1. No. 2  
M-2-43  
5-17-39  
1 X356

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32574

State File No.

Registrar's No.

FILED SEP 21 1943 7

Registration District No.

Primary Registration District No. 2002

2058

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1335 Purdue 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 St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1335 Purdue Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Blanche E. Maysack

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Louis W. Maysack 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 25, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 17 hr. min.

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

10. Usual occupation At home

11. Industry or business  
12. Name Hugh McCullen

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

14. Maiden name Katherine Guenther

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

16. (a) Informant Louis Maysack

(b) Address 1335 Purdue Ave

17. (a) Burial (b) Date thereof 9/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) SEP 14 1943 (b) C. G. Mc Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th  
year 1943 hour 11:30 AM minute M.

21. I hereby certify that I attended the deceased from July 1943 to Sept 11 1943  
that I last saw her alive on Sept 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vasculer disease. Duration

Due to.....  
Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None 930  
Of autopsy None  
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) NO  
(b) Date of occurrence NO  
(c) Where did injury occur? NO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, or in an industrial place, in public place?

While at work? (Specify type of place) (Specify type of injury)

23. Signature James P. Kelly (M. D. or other) MD  
Address 5125 Bartmer Ave Date signed 9/13/43

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

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SEP 27 194

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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 William E. Buchholz

Licensed Embalmer No. 2110

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, fact should be so stated above.**