

FILED NOV 22 1944
Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4131 Castleman Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN A. MAZE

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

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

6. (b) Name of husband or wife Josephine S. Southard 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug. 10, 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor and Owner
Arlington Plating Co.,

11. Industry or business
12. Name Joseph T. Maze
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Marie Coulson
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine S. Maze
(b) Address 4131 Castleman Ave

17. (a) Burial (b) Date thereof 11/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

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

(b) Address 2161 East Fair Avenue
19. (a) NOV 15 1944 (b) J. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4131 Castleman Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1944 hour 7 minute 55 PM M.

21. I hereby certify that I attended the deceased from Nov. 10, 1943 to Nov. 12, 1944
that I last saw him alive on Nov. 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 yr
Ch. replectis + Hypertension

Due to Ch. replectis + Hypertension
Due to Ch. replectis + Hypertension

Other conditions (Include pregnancy within 3 months of death) 12/21
Major findings: Of operations 12/21
Of autopsy

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)
(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 Math. Hermann & Son (M.D. or other) MD
Address 2201 Monument St Date signed 11/14/44

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

MOTHER FATHER

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 *Harold T. Bunnley*
Licensed Embalmer No. *4207*
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.