

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39590**

Registration District No. **FILED JAN 15 1948**

Primary Registration District No. **1003**

Registrar's No. **1198**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution:
2133 Allen Av.
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Emil, Maeser, Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nora Maeser

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan. 6 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business Painting.

12. Name Philip Maeser.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Erb.

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Maeser.

(b) Address 2133 Allen Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/45
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm E. Kuyell

(b) Address 1926 Allen Av.

19. (a) JAN 1 1948 (Date received local registrar) J. F. Bruck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

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

(d) Street No. 2133 Allen Av.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Nov. 15 1944 to Dec. 29 1944
that I last saw him alive on Nov 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Sclerosis Duration 5 yrs

Due to Arterio-sclerosis

Due to Hypertensive Heart

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93

Of operations _____

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 Wm E. Kuyell (M. D. or other) 29

Address 3014 S. Jefferson Date signed 1/1/48

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed D. M. David

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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.