V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35604

FILED NOV 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9741

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

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1. PLACE OF DEATH:

(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: 2919 Lemp Av. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 24/17

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

(d) Street No. 2919 Lemp Av. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank C. Maire

3. (b) If veteran, name war no.

3. (c) Social Security No. 488-16-9521

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Anna Maire

6. (c) Age of husband or wife if alive 48 years

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

8. AGE: Years 58 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Blue Hill (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Al Pail Cleaning Co. Prop.

11. Industry or business

FATHER
12. Name Frank C. Maire
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Kaforke
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Anna Maire
(b) Address 2919 Lemp Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Witt Bros. Ly Nlo
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 10 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1945 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5-27, 1944, to 11-8, 1945
that I last saw him alive on 11-8, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Squamous Cell Carcinoma of larynx, pharynx with extension to soft tissues of anterior neck	1½ yr
Due to Primary Site - Larynx	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations as above	
Of autopsy none done	

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address 3-1 to Working Ave. Date signed 11/9/45

(Licensed Embalmer's Statement on Reverse Side) L. H. Jorstad

SEP 9 1957

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 Rex E. Campbell

Licensed Embalmer No. 3881

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.