

No. 2
5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#22793
7 1946 STANDARD CERTIFICATE OF DEATH

623
870
State File No. _____
Registrar's No. _____

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starloff
(d) Length of stay: 3 years (Specify whether in hospital or institution Memorial)
In this community 3 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 5706 W Florissant.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY MAACK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Alvina 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 25 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Sugar Creek, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Retired Minister

11. Industry or business Missouri Synod Luth. Church

12. Name Henry Maack
13. Birthplace Unknown Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Sophie Kuhlmann (State or foreign country)
15. Birthplace Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Oscar E Maack, Son
(b) Address 5706 W Florissant,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 '46 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Beiderwieden F H Inc
(b) Address 1936 St Louis Avenue

19. (a) JAN 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 24th
year 1946 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from 1/11/46
_____, 19____, to 1/24/46, 19____;
that I last saw him alive on 1/24/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 4 dd.
Pneumonia
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 107
Major findings: _____
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 _____ (Specify type of place)
Means of injury _____
23. Signature Phil F. O. Sch (M. D. or other) M.D.
1519 Lafayette 1/24/46 Date signed

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..... *Glen W. Hat*.....

Licensed Embalmer No..... *3737*.....

P. O. Address..... *1936 St. Louis*.....

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.