S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14390

FILED APR 29 1946

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 874

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town ~~St. Louis, Mo.~~ LEMAY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sancta Maria in Ripa (Hospital) Motherhouse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town ~~St. Louis~~ LEMAY
(If outside city or town limits, write "RURAL")
(d) Street No. 320 East Ripa
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sister M. Reinfrieda Maas

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. 22 (Month) 1868 (Day) (Year)

8. AGE: Years 77 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Quincy, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Teaching
11. Industry or business

FATHER
12. Name Henry Maas
13. Birthplace Europe (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elisabeth Blickham
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Theodosia
(b) Address 320 East Ripa Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation SANCTAMARIA CEM.
18. (a) Signature of funeral director C. A. Ammeister U. L. Co.
(b) Address 7814 S. Broadway
19. (a) 4/30/46 (Date received local registrar) (b) E. G. McGavran MD (Registrar's signature) CRJ

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Apr. day 18 year 1946 hour 10 a.m. minute 20 M.

21. I hereby certify that I attended the deceased from March, 1942 to April 18, 1942 that I last saw her alive on April 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular disease — Duration yrs

Due to 93d

Due to

Other conditions Anemia (Secondary)
(Include pregnancy within 3 months of death)

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

23. Signature G. A. Munsch (M. D. ~~or other~~)
Address 3 S. H. Mummer Date signed 4/19/46

(Licensed Embalmer's Statement on Reverse Side)

9. P. Marcoal
Humboldt Bldg.

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P.O. Address 7814 S. Broadway

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.