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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1948

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11246

Primary Registration District No. 1003

Registrar's No. 3121

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: DePaul Hospital
(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 Missouri (b) County St. Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8900 South Grand ave. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Peter F. Maes

3. (b) If veteran, name war no

3. (c) Social Security No. 488-09-0332

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Carrie M. Maes

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

7. Birth date of deceased January (Month) 30 (Day) 1877 (Year)

8. AGE: Years 70 Months 1 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jake Maes 4
13. Birthplace (City, town, or county) Belgium 4 (State or foreign country)

MOTHER
14. Maiden name Sylvia Van Clooster
15. Birthplace (City, town, or county) Belgium 4 (State or foreign country)

16. (a) Informant Percy Maes
(b) Address 4536 Harris ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) MAR 24 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from March 20, 1947, to March 23, 1947,
that I last saw him alive on March 22, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	3 days
Due to: Lymphatic leukaemia	5 mo
Due to: Cause unknown	
Other conditions: Marked anaemia 20% (Include pregnancy within 3 months of death)	2

Hg.

Major findings:
Of operations
Of autopsy No autopsy

74a

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 — 0

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

Address 1117 N. Grand Date signed 3/24/47

(Licensed Embalmer's Statement on Reverse Side)

1117 N Broad

Jeff 7141

2-4

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

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.