. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2816

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 400

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: Deaconess Hospital 0
(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 St. Louis 96

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

(d) Street No. 739 Regina ave. 1
(If rural, give location)

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME Frank Maak

3. (b) If veteran, name war no

3. (c) Social Security No. 490-03-1715

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lois Maak

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

7. Birth date of deceased April (Month) 28 (Day) 1875 (Year)

8. AGE: Years 72 Months 8 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Brewery Worker

11. Industry or business Retired

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 1

16. (a) Informant Mrs. Wendel Haas
(b) Address 739 Regina Lemay Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15 48 (Month) (Day) (Year)
(c) Place: burial or cremation MT. HOPE CEM.

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

19. (a) JAN 14 1948 (Date received local registrar) (b) J. F. Bresleak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 1946, to Jan 13 1948
that I last saw him alive on Jan 13 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	2 wks
Due to: Chronic myocarditis	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Arnold G. Klein (M. D. or other) MD
Address 2632 S. Kingsbyway Date signed 1/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.