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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17818
5160

FILED JUN 12 1948
Registration District No. 318
Primary Registration District No. 1003
Registrar's No.

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 City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3206 University
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM MASCHMEYER
3. (b) If veteran, name war None
3. (c) Social Security No. 339-05-0350
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 1 (Day) 1879 (Year)

8. AGE: Years 69 Months 5 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Dry Goods
11. Industry or business Retired
FATHER
12. Name Henry Maschmeyer
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Louise Unknown
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Helen Amelotti
(b) Address 3206 University
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) JUN 4 1948 (Date received local registrar) (b) J. F. Brocker (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2nd year 1948 hour 8:00 minute P.M.
21. I hereby certify that I attended the deceased from Sept 8, 1947 to June 2, 1948; that I last saw him alive on June 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	1947x
Generalized Arteriosclerosis	1947x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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)
While at work? (e) Means of injury
23. Signature W. G. Amey (M. D. or other)
Address 5400 Arsenal St Date signed 6/3/48

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.....Albert Mayfield.....

Licensed Embalmer No.....3077.....

P. O. Address.....

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.