

FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23371

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 46

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL MERAMEC
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution DIG RIVER - NEAR CEDAR HILL 3
 (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) 1 DAY

3. (a) PRINT FULL NAME ETTA MARGARET MAEKE3. (b) If veteran, name war NONE 3. (c) Social Security No. 432-24-82684. 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 OCTOBER 16 - 1920
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
27 9 1 hr. min.9. Birthplace CORNING ARK.
(City, town, or county) (State or foreign country)10. Usual occupation TELEPHONE OPERATOR11. Industry or business TELEPHONE Co.12. Name MARK MAEKE 913. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)14. Maiden name FLORENCE CREEK 915. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)16. (a) Informant Viola Mayer(b) Address 3858 LAFAYETTE ST. LOUIS17. (a) BURIAL (b) Date thereof 7-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Mary's Cemetery18. (a) Signature of funeral director Wesley Bros.(b) Address 2201 So. Grand St. Louis Mo.19. (a) July 18, 48 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature) 145

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFF ¹⁰⁰ ₁₇
 (c) City or town ST LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3858 LAFAYETTE ST. LOUIS
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17TH
year 1948 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Coroners Jury.
Accidental Drowning
Due to _____

Due to _____

Other conditions 1836
(Include pregnancy within 3 months of death)Major findings: 1836
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - 50(b) Date of occurrence 7/17/48(c) Where did injury occur? Big River, Cedar Hill(d) Did injury occur in or about home, in farm, in industrial place, in public place? Big River

(Specify type of place)

While at work? _____ (c) Means of injury 323. Signature G. B. Edwards (M. D. or other)Address Cedar Hill Mo Date signed 7/17/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 26 1948

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 *Howard F. Rowland*

Licensed Embalmer No. *2114*

P. O. Address *St Louis Mo*

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.