

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

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28000**  
Registrar's No. **7149**

FILED SEP 13 1948

Registration District No. **313**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County                       
(b) City or town Saint Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:                       
4427 Arco Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution                      (Specify whether  
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Trueman G. Maize

3. (b) If veteran, name was World War Two 3. (c) Social Security No.                     

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Elizabeth Rogers 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased November 29th 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 8 14 hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Auto Repair --- Self

12. Name Floyd T. Maize  
13. Birthplace Fredericktown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Daisy Giles  
15. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Philip Ziebol  
(b) Address 3839 Lincoln

17. (a) Burial (b) Date thereof Aug 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME INC.  
(b) Address 1936 St. Louis Ave  
AUG 14 1948

19. (a)                      (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County                       
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4427 Arco Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th year 1948 hour 1:20 minute P. 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                      Duration                     

Coronary Thrombosis  
Due to                       
Due to                     

Other conditions                       
(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?                     

While at work?                      (Specify type of place) (e) Means of injury                       
23. Signature                      (M. D. or other)                       
Address                      Date signed

*104100*

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**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 Max L. Charpel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

**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.**