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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36090**

FILED DEC 1 1948  
Registration District No. **114**

Primary Registration District No. ~~1132~~ **4186** Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **FRANKLIN**  
(b) City or town **RURAL Sullivan**  
(If outside city or town limits, with "RURAL" and name of township)  
(c) Name of hospital or institution: **North Side Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 hour**  
(Specify whether  
In this community **Jen Paula**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST. LOUIS**  
(c) City or town **CLAYTON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7538 WYDOWN**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**THEODORE W. MAETTEN**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **21** year **1948** hour **7/30** minute **07** M.  
21. I hereby certify that I attended the deceased from **11/16/48** to **11/21/48**  
that I last saw him alive on **11/21** and that death occurred on the date and hour stated above.

Immediate cause of death  
**Coronary thrombosis**  
Due to **hypertension**  
Due to \_\_\_\_\_ years  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Major findings:  
Of operations **gfo**  
Of autopsy \_\_\_\_\_  
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 **0**  
23. Signature **W. N. Smith** (M. D. or other)  
Address **Dr. Smith** Date signed **11/21/48**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **IVLIA** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **JAN 7 1887**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **10** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **OKAWVILLE** **ILL**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SALES MANAGER**

11. Industry or business **AEOLIAN PIANO CO.**

12. Name **FRED MAETTON**

13. Birthplace **OKAWVILLE** **ILL.**  
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA FRICKENSMITH**

15. Birthplace **OKAWVILLE** **ILL.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **FRED E. MAETTEN**

(b) Address **538 DONNE UNIVERSITY CITY**

17. (a) **Removal** (b) Date thereof **Mar. 22 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul's Co**

18. (a) Signature of funeral director **Funerary**

(b) Address **Sullivan, Mo**  
19. (a) **11-22-48** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
NOV 30 1948  
Case Filed

DEC 9 1948

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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.....

Licensed Embalmer No.....

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.**