

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

41657

State File No. ....

Registrar's No. **11169**

Registration District No. **318**

Primary Registration District No. ....

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3876a Wyoming  
(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 Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3876a Wyoming  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Louis Maerz  
 3. (b) If veteran, name war: --- 3. (c) Social Security No. ---  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive -- years  
 7. Birth date of deceased Sept. 2 1867  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Dec. day 23  
 year 1948 hour 12 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from Jan. 2, 1948  
 to Dec. 22, 1948  
 that I last saw him alive on 12/22/48  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death  
Arterio sclerosis  
Chronic interstitial  
Nephritis  
 Duration years  
years  
 Due to \_\_\_\_\_  
 Due to 12/21  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Police Officer  
 11. Industry or business St. Louis Police Dept.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER, FATHER**  
 12. Name Peter Maerz  
 13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Helen Nevn  
 15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred J. Hagedorn  
 (b) Address 3876a Wyoming  
 17. (a) Burial (b) Date thereof 12/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunset Burial Park

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 \_\_\_\_\_

18. (a) Signature of funeral director Wacker-Helderb  
 (b) Address 3634 Gravois Ave.  
 19. (a) DEC 27 1948 (b) J. B. Casalar  
(Date received from registrar) (Registrar's signature)

23. Signature J. G. M... M.D. (M. D. or other)  
 Address 3554 VICTOR ST. Date signed 12/24/48

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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 Robert Wheeler

Licensed Embalmer No. 2138

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.**