S. No. 300
v. 10.48

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

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2997

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 453

1. PLACE OF DEATH
a. COUNTY: 4070 Hollyhills Ave.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4070 Hollyhills

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4070 Hollyhills

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothea
b. (Middle):
c. (Last): Maeser

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: May 27 1861
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carlisle Ill
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: John Fischer
13b. MOTHER'S MAIDEN NAME: Margaret Kraft
14. NAME OF HUSBAND OR WIFE: John Maeser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lewis W. Tubbesing — **ADDRESS**: 4070 Hollyhills

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - purpura hemorrhagica — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic nephritis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 10, 1949, *to* Jan 14, 1949, *that I last saw the deceased alive on* Jan 14, 1949, *and that death occurred at* 5 9 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene H. Edele (Degree or title): M.D.
23b. ADDRESS: 4971 Chippewa St.
23c. DATE SIGNED: 1-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-49
24c. NAME OF CEMETERY OR CREMATORY: St. Paul Church Yard
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. JAN 17 1949 — REGISTRAR'S SIGNATURE: J. B. Lassalen
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. Schumacher — **ADDRESS**: 3013 Meramec

(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 Jack Haupt, Student Embalmer No. 231, working under my personal supervision.

Signed Francis Williamson

Signed Jack Haupt
Student Embalmer

Licensed Embalmer No. 3565

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.