

FILED JUL 5 1950

## STANDARD CERTIFICATE OF DEATH

21530

No. 30

#112481

318

PRIMARY REG. DIST. NO. 1003

State File No. ....

5603

BIRTH NO. #112481		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5603	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>				d. STREET ADDRESS (If rural, give location) <b>817 Robert ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MAGGIE</b>		b. (Middle) <b>A.</b>		c. (Last) <b>GAINES</b>	
4. DATE OF DEATH <b>June 25th, 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>December 31, 1878</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Jefferson Bks. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Vernon</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Goza</b>		14. NAME OF HUSBAND OR WIFE <b>George</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Gaines</b> ADDRESS <b>817 Robert ave., St. Louis 11</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>many yrs.</b> <b>many yrs.</b> <b>4 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>221 X</b>			
22. I hereby certify that I attended the deceased from <b>6/21/50</b> , 19___, to <b>6/25/50</b> , 19___, that I last saw the deceased alive on <b>6/25/50</b> , 19___, and that death occurred at <b>9:15pm</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mary D. Reukis M.D.</b>				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>6/26/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 28, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>200 Lemay Ferry Road Lemay, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 27 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister U. &amp; L. Co.</b>		ADDRESS <b>7814 S. Broadway</b>	

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

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No: 3871

P. O. Address 7814 S. Broad

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.