

FILED JUN 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5205

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3400 So. Grand 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Little Sisters of Poor			

3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) c. (Last) Maus	4. DATE OF DEATH (Month) (Day) (Year) 6/12/50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 15, 1851	9. AGE (In years last birthday) 98	10 UNDER 1 YEAR Months Days	10 OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (State or foreign country) Louisville Ky. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael VonHatten	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jacob
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. XXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Geo. Maus 3901 Burgen	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Arterio. Sclerosis Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 1 1/2
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 H221
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22. I hereby certify that I attended the deceased from 11:00 AM, 1950, to 4:22 PM, 1950, that I last saw the deceased alive on 6/5/50, and that death occurred at 2:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles R. Buehler M.D.	23b. ADDRESS 607 So. Grand	23c. DATE SIGNED 6/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/15/50	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem. St. Louis, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE RECD BY LOCAL HEALTH DEPT. JUN 14 1950	REGISTRAR'S SIGNATURE J. B. Savater	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldrich & Co. 3634 Harrison	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

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.