

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31427

BIRTH NO. 60592-50		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 158	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Charles		c. LENGTH OF STAY (In this place) 3 Days		a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Charles		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Ann		d. STREET ADDRESS (If rural, give location) 3407 St. Gregory Lane	
3. NAME OF DECEASED (Type or Print)		a. (First) Emmett		b. (Middle) F.		c. (Last) Maher Jr.	
4. DATE OF DEATH (Month) (Day) (Year) (9) (7) (50)		5. SEX Male		6. COLOR OR RACE Whitw		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 9) 3) 50		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) St. Charles Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Emmett F. Maher		13b. MOTHER'S MAIDEN NAME Dorothy R. Edwards		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emmett F. Maher 3407 St. Gregory La.			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 2</u> , 19 <u>50</u> , to <u>Sept 7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 7</u> , 19 <u>50</u> , and that death occurred at <u>11</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul B. Vatterott M.D.</u>		23b. ADDRESS <u>10300 St. Charles Rd</u>		23c. DATE SIGNED <u>9/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9) 8) 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-15-50</u>		REGISTRAR'S SIGNATURE <u>Frankie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Collins Funeral Home</u>		ADDRESS <u>18123 St. Louis, Mo.</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 15 1950

RECEIVED

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

No Embalming

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.