

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6405

State File No.

318

1002

962

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2102			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4019 Grove St.,				d. STREET ADDRESS (If rural, give location) 4019 Grove, St.					
3. NAME OF DECEASED (Type or Print) Minnie			a. (First)		b. (Middle)		c. (Last) Maes,		
4. DATE OF DEATH (Month) (Day) (Year) January 28, 1951		5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,		8. DATE OF BIRTH March 7, 1892	
9. AGE (In years, less birthday) 58		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home,		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Uhl,			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE George Maes,			
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.		17. INFORMANT'S SIGNATURE OR NAME George Maes, 4019 Grove St.,				ADDRESS	
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) <i>Myocardial Left Ventricular Hypertrophy</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Left Coronary Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>16 mo, 1 day</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4201</i>							
22. I hereby certify that I attended the deceased from <i>8-3-1949</i> , to <i>1-27-1951</i> , that I last saw the deceased alive on <i>1-27-1951</i> , and that death occurred at <i>8:30 P.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>L. A. Mellies</i>			23b. ADDRESS <i>2739 N. Grand St.</i>			23c. DATE SIGNED <i>1/30/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>2/1/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter & Paul Cemetery, St. Louis, Missouri,</i>		24d. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <i>SWAN 3 1951 J. B. Lassiter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo.</i>							

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

Fuller

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 4249

Signed.....
Student Embalmer

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.