

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 14436
2872

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived, if institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 2 wks.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 4495			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS (If rural, give location) 1115 Claytonia Terrace					
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN			b. (Middle) S.		c. (Last) MAAS		4. DATE OF DEATH (Month) (Day) (Year) Mar. 25, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 11-10-1898		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			10b. KIND OF BUSINESS OR INDUSTRY Tool		11. BIRTHPLACE (State or foreign country) Pekin, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Simona Maas			13b. MOTHER'S MAIDEN NAME Clara Voigt			14. NAME OF HUSBAND OR WIFE Laura Maas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 302-07-7270		17. INFORMANT'S SIGNATURE OR NAME Laura Maas, above		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) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 2 wks	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis					
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked calcification entire (entire)					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION aorta				20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H201					
22. I hereby certify that I attended the deceased from 3:10, 1951, to 7:26, 1951, that I last saw the deceased alive on 3:25, 1951, and that death occurred at 8:20 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 4952 Maryland		23c. DATE SIGNED 3-27-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-28-1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Ceme.		24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 28 1951		REGISTRAR'S SIGNATURE J.B. Kasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood 17, Mo.					

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.....
Student Embalmer

Signed.....

H. P. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.