No. 300
10-48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10307

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2606

0

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2079
d. STREET ADDRESS (If rural, give location): 4849 Calvin Ave 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): F.
c. (Last): Maschmeyer

4. DATE OF DEATH (Month) (Day) (Year): March 17 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 16 1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Custodian
10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Public Schools
11. BIRTHPLACE (State or foreign country): St. Louis Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Maschmeyer
13b. MOTHER'S MAIDEN NAME: Louise Holtman
14. NAME OF HUSBAND OR WIFE: Anna Pauline/Maschmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Pauline Anna Maschmeyer 4849 Calvin Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 HR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS & HYPERTENSION — 10 YRS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ac GANGRENOUS APPENDICITIS — 4 DAYS.

19a. DATE OF OPERATION: 3/13/52
19b. MAJOR FINDINGS OF OPERATION: Ac GANGRENOUS APPENDICITIS
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 530.0

22. *I hereby certify that I attended the deceased from* Mar 13, 1952, *to* Mar 17, 1952, *that I last saw the deceased alive on* Mar 16, 1952, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. C. H. Lindemann M.D. 0
23b. ADDRESS: 4126 Shrew Ave
23c. DATE SIGNED: 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: March 20 1952
24c. NAME OF CEMETERY OR CREMATORY: Hiram Cemetery
24d. LOCATION (City, town, or county) (State): Creve Couer Mo

DATE REC'D BY LOCAL REG.: MAR 19 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Calvin F Feutz 4828 Nat Bridge Blvd

(Licensed Embalmer's Statement on Reverse Side)

Ev 7140

12:30 Pm to 3:30 Pm
Tuesday Sure
No hours Med.
Knockon door.

File in City

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 _____ Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph G. Landers

Licensed Embalmer No. 1225

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.