

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22337

State File No.

FILED JUN 27 1952

318

1003

Registrar's No. 5434

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____		
1. PLACE OF DEATH a. COUNTY <u>Saint Louis Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>St Clair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St Louis</u>		81 20		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fermin DeLoze</u>				d. STREET ADDRESS (If rural, give location) <u>988 N 40th</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>RANDOLPH</u> c. (Last) <u>MAHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1952</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 26 1905</u>		
9. AGE (In years last birthday) <u>46</u>		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) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Trench Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Coryville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arthur Maher</u>			13b. MOTHER'S MAIDEN NAME <u>Rosie Coffey</u>		14. NAME OF HUSBAND OR WIFE <u>Hena Maher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>361-09-2668</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Maher</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lung (Pt)</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						
19a. DATE OF OPERATION <u>Feb '51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca of left lung</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>none</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>none</u>		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>none</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> <u>none</u>		21f. HOW DID INJURY OCCUR <u>none</u>		162X		
22. I hereby certify that I attended the deceased from <u>Feb 10, 1951</u> , to <u>June 11, 1952</u> , that I last saw the deceased alive on <u>6/3, 1952</u> , and that death occurred at <u>11:2 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert E. Zepher</u> (Degree or title)				23b. ADDRESS <u>6344 Grand Blvd</u>		23c. DATE SIGNED <u>6/13/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>		24d. LOCATION (City, town, or county) (State) <u>St Clair Co Ill</u>		
DATE REC'D BY LOCAL REG. <u>JUN 13 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____				

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East Harris Ills

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.