S. No. 300
V. 10.48

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29790

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7596

1. PLACE OF DEATH
a. COUNTY: 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4121 So. Compton Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2159
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 15 4121 So. Compton Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): Edward
c. (Last): Maune

4. DATE OF DEATH (Month) (Day) (Year): Aug. 9 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 22, ~~1867~~ 1869
9. AGE (In years last birthday): ~~85~~ 83 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Floor man
10b. KIND OF BUSINESS OR INDUSTRY: Woodwar-Tiernan
11. BIRTHPLACE (State or foreign country): Union, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lewis Maune
13b. MOTHER'S MAIDEN NAME: Mary Krieger
14. NAME OF HUSBAND OR WIFE: Anna

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.: 491-16-9862
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Anna Maune 4121 So. Compton 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): CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): DECOMPOSITION — 6 YEARS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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?: 4343

22. *I hereby certify that I attended the deceased from* JULY, 1950, *to* AUG. 9, 1952, *that I last saw the deceased alive on* Aug. 9, 1952, *and that death occurred at* 4:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E E King M.D.O
23b. ADDRESS: 2114 E GRAND.
23c. DATE SIGNED: 9 Aug. 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-9-52
24c. NAME OF CEMETERY OR CREMATORY: Evang. Chruch Cemetery
24d. LOCATION (City, town, or county) (State): Union, Missouri

DATE REC'D BY LOCAL REG.: AUG 9 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed: Robert M Murray

Licensed Embalmer No. 3749

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis

State File No. 29790
Local Registrar's No. 7596

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4 day of September, 1952 before me appears Albert H. Hoppe, who, upon his oath, states that the original record of death for Ernest Edward Maune died Aug. 9, 1952, in the State of Missouri, and which was filed at St. Louis, Mo. on 8-9-52, 19..., should be corrected as follows:

Item No. 8 should read June 22, 1869
Instead of June 22, 1867
Item No. 9 should read 83
Instead of 85
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Albert H. Hoppe Funeral Director
Relationship.

4700 Washington Blvd.
Present Address.

Subscribed and sworn to before me this 4 day of Sept, 1952

My Commission expires 3-4-53 ~~Sept~~ Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

3-6-1923

V. S. 135
—8-43
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