S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33211

REC'D SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8227

1271
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1. PLACE OF DEATH
a. COUNTY ~~St. Louis Mo.~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
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): 5617 Labadie Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2069
d. STREET ADDRESS (If rural, give location): 6 5617 Labadie Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): Maisak
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 8/29/52

5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: June 21, 1871 1
9. AGE (In years last birthday): 81 — 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): machinist
10b. KIND OF BUSINESS OR INDUSTRY: machine
11. BIRTHPLACE (State or foreign country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Louis Maisak
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: Margaret Maisak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-22-8994
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Margaret Maisak 5617 Labadie

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) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Coronary thrombosis

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?

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22. *I hereby certify that I attended the deceased from* June, 1947, *to* Aug, 1952, *that I last saw the deceased alive on* Aug 26, 1952, *and that death occurred at* 11 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John G. McQuinney MD (Degree or title)
23b. ADDRESS: 5014 Thekla
23c. DATE SIGNED: 8-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 9/2/52
24c. NAME OF CEMETERY OR CREMATORY: Calvary cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 2 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sullivan's Euclid at St. Louis.
(Licensed Embalmer's Statement on Reverse Side)

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 Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

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.