

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44960

State File No.

No. 300
10-48

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12132**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ c. CITY OR TOWN Mo. St. Louis	
d. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____ d. STREET ADDRESS (If rural, give location) 4662 Tennessee Ave.	

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First) _____ b. (Middle) W. c. (Last) MAFFRAND	4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 31st 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard-McDonnell	10b. KIND OF BUSINESS OR INDUSTRY Air Craft Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
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13a. FATHER'S NAME Alfred Maffrand	13b. MOTHER'S MAIDEN NAME Annie McAnany	14. NAME OF HUSBAND OR WIFE Bertha A. Maffrand
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha A. Maffrand 4662 Tennessee Av
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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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Purpura fulminans</i></u> ANTECEDENT CAUSES <u><i>Purpura</i></u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH <u><i>2 days</i></u> ?
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? <u><i>025X</i></u>
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22. I hereby certify that I attended the deceased from *12/23*, 19*52*, to *12/31*, 19*52*, that I last saw the deceased alive on *12/31*, 19*52*, and that death occurred at *1 p* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u><i>E. F. Susin M.D.</i></u>	23b. ADDRESS <u><i>Frisco Mo.</i></u>	23c. DATE SIGNED <u><i>1/1/53</i></u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u><i>1-5-53</i></u>	24c. NAME OF CEMETERY OR CREMATORY <u><i>St. Trinity Lutheran</i></u>	24d. LOCATION (City, town, or county) (State) <u><i>St. Louis County Mo.</i></u>
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DATE REC'D BY LOCAL REG. JAN 2 1953	REGISTRAR'S SIGNATURE <u><i>Carl Smith M.D.</i></u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u><i>KRIEGSHAUSER 4228 So. Kingshighway</i></u>
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.