

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23024**  
**5896**

FILED JUL 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>	
c. LENGTH OF STAY (In this place) <b>21 Years</b>		d. STREET ADDRESS (If rural, give location) <b>4500 Washington Blvd., 8,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Home,</b>		12	
3. NAME OF DECEASED a. (First) <b>IDA</b> (Type or Print)		b. (Middle)	
c. (Last) <b>MASCHMANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 12th, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>May 12th, 1867</b>
9. AGE (In years last birthday) <b>86</b>		10. IF UNDER 1 YEAR: Months Days IF UNDER 10 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Maschmann</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Marie Brinkmann</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rev. F. J. Langhorst, 4500 Washington Blvd.</b>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <b>332x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>12/29, 1952</b> to <b>6/12, 1953</b> , that I last saw the deceased alive on <b>5/18, 1953</b> , and that death occurred at <b>5:00P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>A. F. Bergman M.D.</b>		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>6/13/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Motor</b>	
24b. DATE <b>6/15/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Washington, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walvin F. Feutz, 4828 Natural Bridge Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 13 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	

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 Ralph E. Lunders

Licensed Embalmer No. 4275

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.