

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19054

2630

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1007</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Kansas City</u>		c. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>76 years</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>147 No. Oakley</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)		<u>3068</u>

3. NAME OF DECEASED (Type or Print) <u>CARL AUGUSTUS MAIER</u>			4. DATE OF DEATH <u>June 9, 1954</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 3-1870</u>	9. AGE (In years last birthday) <u>84</u>	10. MONTHS <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wal. Blatz Brewing Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>John Wm. Maier</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Rose Mack</u>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Louise A. Maier</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-12-2885</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Maier</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS <u>147 No. Oakley</u>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia.</u>		DUE TO (b) <u>Chronic myocarditis with decompensation. 2 yrs.</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4222</u>	
19a. DATE OF OPERATION <u>None</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		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 April 7, 1954 to June 9, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.S. Anderson</u> (Design or title) <u>D.D.</u>		23b. ADDRESS <u>2425 Independence Blvd., K.C. Mo.</u>		23c. DATE SIGNED <u>June 9, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-12-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6-11-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son</u>		ADDRESS <u>21-C, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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.....
Signature of Student Embalmer

Signed *W. C. Reine*

Licensed Embalmer No. *4879*

P. O. Address *K. C., Miss*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.