

39736

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2723

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carsonville</u>		c. CITY OR TOWN <u>Overland</u> ⁴²³	
c. LENGTH OF STAY (In this place) <u>1 yr</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>2511-a Woodson Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) _____ c. (Last) <u>Marlow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 31, 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Smithland, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Mayhugh</u>		13b. MOTHER'S MAIDEN NAME <u>Roina Grimmer</u>		14. NAME OF HUSBAND OR WIFE <u>Haris J. Dcd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gustave R. Baumann 2504 Woodson Rd</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic dementia</u>			

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) <u>4200</u>	
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 Aug 1, 1953, to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 12:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>		23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>11/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis Littmann 8231 Clayton Rd. 4200</u> <u>2504 Woodson Rd-Overland, Mo.</u>			

DATE REC'D BY LOCAL REG. 11/26/54 REGISTERAR'S SIGNATURE Herbert S. ... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2504 Woodson Rd-Overland, Mo.

(Licensed Embalmer's Seal to be placed on Reverse Side)

No. 300
10-48

Handwritten mark

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.....
Signature of Student Embalmer

Signed *David C. Gibson*.....

Licensed Embalmer No. *3457*.....

P. O. Address *Oakland*.....

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.