

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24738**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 549		Registrar's No. 1639	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood, Mo.		c. LENGTH OF STAY (in this place) 5 1/2 Months		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				STREET ADDRESS (If rural, give location) 18 Brookwood Acres 4203			
3. NAME OF DECEASED a. (First) Josephine		b. (Middle) S.		c. (Last) Maze		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-8-1878	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and State or Foreign Country) Madison County, Illinois,	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME William Southard			13b. MOTHER'S MAIDEN NAME Sarah Stanard			14. NAME OF HUSBAND OR WIFE John A. Maze, (Deceased).	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Lawrence E. Maze, 18 Brookwood Acres,			
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) Myocardial Infarction? Coronary Thrombosis? Coronary Atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis? DUE TO (c) Coronary Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Myocardial Infarction about 6 wks before death				INTERVAL BETWEEN ONSET AND DEATH less than 24 hrs. less than 24 hrs. 1 yr. 6 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)		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 March 23, 1953 , to July 17, 1955 , that I last saw the deceased alive on July 17, 1955 , and that death occurred at 5:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert B. Knight M.D.				23b. ADDRESS Creve Coeur, Mo.		23c. DATE SIGNED July 18, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-20-1955		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. 7/19/55		REGISTRAR'S SIGNATURE Herbert R. Donk H.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.			

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 *Clement M. Pearson*

Licensed Embalmer No. *37*

P. O. Address *M. L. ...*

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.