

FILED SEP 26 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8291

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in 1b 2 weeks		d. STREET ADDRESS (If outside, give location) 4628 Delmar Ave.		
3. NAME OF DECEASED (Type or print) DOCK WARREN MAROON			4. DATE OF DEATH 9-6-56			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-1-1908	9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bartender		10b. KIND OF BUSINESS OR INDUSTRY tavern		11. BIRTHPLACE (City and state or country) Keyesport, Illinois		
13. FATHER'S NAME John F. Maroon			14. MOTHER'S MAIDEN NAME Alice Blalock			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW#2		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mrs. W. Pillow, Mulberry Grove, Ill.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Subendocardial Fibrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) arteriosclerotic heart disease. chronic passive congestion of liver					INTERVAL BETWEEN ONSET AND DEATH 6 MO. " "	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4214			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 6/28/56 to 9/6/56 and last saw him alive on 9/5/56 Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) ag Steiner MD			22b. ADDRESS 3903 Olive St		22c. DATE SIGNED 9/7/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-7-56	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Mulberry Grove, Ill.	
24. FUNERAL DIRECTOR ADDRESS Runnells, Mulberry Grove, Ill.			25. DATE RECD. BY LOCAL REG. SEP 7 1956		26. REGISTRAR'S SIGNATURE Charles Smith MD m JB	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Homer W. Jantz*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.