Health, Welfare Public Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 18 1957

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10684

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1626

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: Saint Louis — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): De Paul Hospital — Length of stay in 1b: 1 Years 2 Days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: Saint Louis — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4156 Mc Pherson Avenue — Reside on Farm: Yes ☐ No X

**3. NAME OF DECEASED** (Type or print): First: EMIL Middle: R. Last: MAAG

**4. DATE OF DEATH** (Month, Day, Year): Feb. 15th, 1957

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. MARRIED** ☐ **NEVER MARRIED** X **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** Oct. 16th, 1883

**9. AGE** (In years last birthday): 73

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Druggist

**10b. KIND OF BUSINESS OR INDUSTRY:** Self-Pharmacy

**11. BIRTHPLACE** (City and state or country): Ohlman, Illinois

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Richard Maag

**14. MOTHER'S MAIDEN NAME:** Mary Eberle

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None

**16. SOCIAL SECURITY NO.:** Unknown

**17. INFORMANT** Address: Miss Haide M. Maag, 4156 Mc Pherson Ave.8,

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Renal insufficiency Chr bilat — ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pyelonephritis
DUE TO (c): Cirrhosis of Liver 600.0 — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Fracture l femur from fall

**19. WAS AUTOPSY PERFORMED?** YES X NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.): Fell by loss of balance

**20c. TIME OF INJURY** Hour a. m. p. m. — Month, Day, Year: Jan 15-57

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.): Home

**20f. CITY, TOWN, OR LOCATION** St Louis Mo — COUNTY — STATE

21. I attended the deceased from 1-25-57, to 2-15-57 and last saw ~~her~~ him alive on 2-14-57
Death occurred at 5:45 a m m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** L.D. Cassidy (Degree or title) M.D. — L.D. Cassidy M.D.

**22b. ADDRESS** 4952 Maryland 4952 Maryland

**22c. DATE SIGNED** 2-16-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE:** 2/18/57

**23c. NAME OF CEMETERY OR CREMATORY:** Valhalla Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

**24. FUNERAL DIRECTOR** CALVIN F. FEUTZ, FUNERAL HOME, INC. — ADDRESS: 4828 Natural Bridge Blvd., St. Louis, 15, Mo.

**25. DATE RECD. BY LOCAL REG.:** FEB 18 '57

**26. REGISTRAR'S SIGNATURE** J. Earl Smith M.D. M.S.B.

(Licensed Embalmer's Statement on Reverse Side)

1:00PM to4:30 PM Saturday.

File in City

TO BE TAKEN TO CITY CORONER
TO BE APPROVED.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 418

P. O. Address St. Louis

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