

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10711

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2772**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>01 3715 Hartford</b>		Length of stay in lb <b>2/67</b>		STREET ADDRESS <b>3715 Hartford</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>F.</b> Last <b>Maus</b>				4. DATE OF DEATH Month <b>Mar.</b> Day <b>19</b> Year <b>1957</b>			
5. SEX <b>male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 4, 1919</b>		9. AGE (In years last birthday) <b>n37</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Anthony H. Maus</b>				14. MOTHER'S MAIDEN NAME <b>Anna Suellentrop</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		(If yes, give year or dates of service) <b>World War 2</b>		16. SOCIAL SECURITY NO. <b>486-14-6447</b>		17. INFORMANT Address <b>Anthony Maus 3715 Hartford</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Remarriage from old sinus,</b> <b>right chest,</b> <b>Pneumonia, Caustion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Old Bronchogenic Carcinoma</b> DUE TO (c) <b>Old Bronchogenic Carcinoma</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
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.) <b>162x</b>				
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>805 p.m.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>James M. Kelly Deputy Coroner</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>3-21-57</b>	
23a. BURIAL, CREMATION, REBURYAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) .. (State)		
<b>Removal</b>		<b>3-22-57</b>	<b>Resurrection C. m.</b>		<b>St. Louis County, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home - 6322 S. Grand Blvd., St. Louis, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>MAR 21 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>mjs</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare  
Public  
Service  
S. 300  
V. 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. Securing the medical certification in the specific manner required by law is the duty of the coroner.

DEC 28 1957

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 Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *St. Louis*

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.