No. 300
10.48

FILED JAN 27 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

814

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 115-116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 58

**1. PLACE OF DEATH**
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Mo.
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): R.R. Augusta Mo. 0920

**3. NAME OF DECEASED** (Type or Print): a. (First) WILLIAM b. (Middle) c. (Last) MASCHMEIER

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 20 1958

**5. SEX**: M.
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: Dec. 6 1876
**9. AGE** (In years last birthday): 81 — 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): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**: Farmer
**11. BIRTHPLACE** (City and State or Foreign Country): New Melle Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Hy Maschmeier
**13b. MOTHER'S MAIDEN NAME**: Steoner
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Melvin Maschmeier — ADDRESS: St Charles Mo

**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): Chr Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis Heart disease
DUE TO (c): Eodermitis of fat & hands

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Acute Bronchitis — 8 days

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4200
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 13, 1958, *to* Jan 20, 1958, *that I last saw the deceased alive on* Jan 20, 1958 *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H C Johnson M.D.
**23b. ADDRESS**: Marthasville Mo
**23c. DATE SIGNED**: Jan 21/58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-23-58
**24c. NAME OF CEMETERY OR CREMATORY**: Schluersburg
**24d. LOCATION** (City, town, or county) (State): St Charles Co

**DATE REC'D BY LOCAL REG.**: 1/23/58
**REGISTRAR'S SIGNATURE**: F.L. Heidmann by L.C. Heidmann
**25. FUNERAL DIRECTOR'S SIGNATURE**: Olie Thilking — ADDRESS: Augusta Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 463

P. O. Address Wentzville

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.