

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007559  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1474

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Good Samaritan Home</u>   |                                  | Length of stay in lb<br><u>5 yrs 2 mo</u>   | d. STREET ADDRESS (If outside, give location)<br><u>4500 Washington</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>EMMA MAYN</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Feb 7 1958</u>  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Jan 18, 1867</u>  |
| 9. AGE (In years last birthday)<br><u>91</u>  |                                  | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><u>0 18</u>  | IF UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Washington Mo</u>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  | 13a. FATHER'S NAME<br><u>Eduard Grohe</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Franciska Kostka</u>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Helmuth Mayn</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br><u>G. T. Lehberg</u><br>Address<br><u>7033 Etzel St. Louis Mo</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Senility</u><br>DUE TO (b) <u>Arterio sclerosis</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>90 yrs</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4500</u>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 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.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  | 20d. INJURY OCCURRED WHILE AT <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 <u>1905</u> to <u>FEB 7, 1958</u> and last saw her alive on <u>Feb 7, 1958</u><br>Death occurred at <u>12:40 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE<br><u>C. Alan Mc Afee</u> (Degree or title) M.D.   |                                  | 22b. ADDRESS<br><u>100 W Euclid Ave St. Louis</u>   | 22c. DATE SIGNED<br><u>2/7/58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Feb 9, 1958</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Odd Fellows Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Washington Mo</u>  |
| 24. FUNERAL DIRECTOR<br><u>Nieburg &amp; V. T. Inc - Washington Mo</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>FEB 8 '58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>J. Carl Smith, M.D.</u><br>S.P.  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Attorney General: Where necessary, the cause must be causally related.

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 *Lester A. Vitt* .....

Licensed Embalmer No. *3254* .....  
P. O. Address *Washington, D.C.* .....

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.