

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012008

STATE FILE NUMBER

FILED MAR 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2967

300
-57

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, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 Incarnate Wd. Hosp.		Length of stay in lb	d. STREET ADDRESS 21510 4413 S. Grand		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Eleanora			First	Middle	Last
					Maybaum
4. DATE OF DEATH Mar. 12, 1958			Month	Day	Year
5. SEX female	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 Jan. 27, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John McCormick		13b. MOTHER'S MAIDEN NAME Unk McGuire		14. NAME OF HUSBAND OR WIFE Albert A. Maybaum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Albert A. Maybaum 4413 S. Grand		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Small Bowel Obstruction					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Adhesions In P.O. Hernia Old Cardiac Vascular Renal Disease					✓ OK
DUE TO (c) Terminal Kidney Failure					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 561.5		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
21. I attended the deceased from Mar 1 , to Mar 12 and last saw her Death occurred at 110 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ralph Berglund (Degree or title)			22b. ADDRESS 3203 S. Grand Blvd. St. Louis, Mo.		22c. DATE SIGNED 3-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-15-58	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or country) St. Louis County, Mo. (State)
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. MAR 14 '58	26. REGISTRAR'S SIGNATURE f. Carl Smith, M.D. M. J. B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are related. All diseases in Part I must be causally related.

der Berg
3203 S Grand

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 Steen*

Licensed Embalmer No. *4242*
P. O. Address *St. Louis Mo*

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.