

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016143
STATE FILE NUMBER 4837

FILED MAY 12 1958

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

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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		Length of stay in lb 1 wk.		d. STREET ADDRESS (If outside, give location) 4019 Grove	
3. NAME OF DECEASED (Type or print) First George Middle _____ Last Maes			4. DATE OF DEATH Month May Day 5 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 28, 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Anthony Maes		13b. MOTHER'S MAIDEN NAME Virginia Vandevoorde	
14. NAME OF HUSBAND OR WIFE Minnie Maes (Deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-12-4891-A	
17. INFORMANT Mrs. Frede Klanke 3548 Lindscott		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 6 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Haemorrhage		DUE TO (c) Hypertrophy of Prostate		1 day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized weakness, Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1 year	
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.) 610X			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 April 1- 1954 to May 5-1958 and last saw ^{him} alive on May 5-1958 Death occurred at 8:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Leonard P. Stem M.D. (Degree or title)		22b. ADDRESS 1918 East Grand St		22c. DATE SIGNED 6 May 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/8/58		23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. (State)		24. FUNERAL DIRECTOR Gebken-Benz Mortuary 2842 Meramec St.	
24. FUNERAL DIRECTOR ADDRESS St. Louis 18 Missouri		25. DATE RECD. BY LOCAL REG. MAY 6 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I 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 Me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Joe B. Benz*

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,

St. Louis 18 Missouri

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.