

Health,  
Welfare  
Public  
Service

Previously treated by

Dr. C. V. Wilcox

FILED APR 18 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016144

STATE FILE NUMBER

3519

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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 Missouri		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		Length of stay in lb 5 min. 70	
STREET ADDRESS 6613 Tholozan Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Louis E. Maher		4. DATE OF DEATH Month Day Year March 26 1958	
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1888
9. AGE (In years last birthday) 70		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Phillips Petroleum	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Maher		13b. MOTHER'S MAIDEN NAME Elizabeth Bray	
14. NAME OF HUSBAND OR WIFE Frances E. Maher			
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. 112-07-8668	
17. INFORMANT Address Frances E. Maher 6613 Tholozan Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis arteriosclerotic heart disease DUE TO (b) Coronary thrombosis arteriosclerotic heart disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Several days 7	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Joseph M. [unclear] 3/27/58		19. WAS AUTOPSY PERFORMED? 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 (Be specific as to nature of injury in PART I & PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		420.0	
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 Death occurred at 2:05		and last saw her alive on 3/26/58 him on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Conrad Mallee (Deceased or title) M.D.		22b. ADDRESS 505 Univ Bldg 505 Univ Bldg	
22c. DATE SIGNED 3/27/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE March 29, 1958	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6164 Chippewa St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. MAR 27 '58	
26. REGISTRAR'S SIGNATURE Pearl Smith MD m 83			

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Bice C. Branson*

Licensed Embalmer No. *4767*  
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.