

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017764
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Washington</u> 9362 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>200 Fair St.</u>		Length of stay in lb <u>13 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>200 Fair St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Therisa</u> Middle <u>M.</u> Last <u>Maeser</u>			4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 3 1872</u>	9. AGE (In years) UNDER 1 YEAR IF UNDER 24 HRS. last birth (Day) Months Days Hours Min. <u>86</u> <u>1</u> <u>22</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Conrad Cruz</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Schanuth</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Maeser</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Frank Maeser</u>	Address <u>Washington, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C.V. Disease</u> DUE TO (c) <u>old age</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			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. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year			

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
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21. I attended the deceased from 7 Sep 48 to 25 May 58 and last saw her alive on 25 May 58
Death occurred at 7:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. B. [Signature]</u>	(Degree or title) <u>0</u>	22b. ADDRESS <u>Washington, Mo</u>	22c. DATE SIGNED <u>29 May 58</u>
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23a. BURIAL, CREMATION, REMOVAL Specify <u>Burial</u>	23b. DATE <u>May 28, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>
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24. FUNERAL DIRECTOR <u>Wiegand & [Signature]</u>	ADDRESS <u>Washington, Mo</u>	25. DATE RECD BY LOCAL REG. <u>5/28/58</u>	26. REGISTRAR'S SIGNATURE <u>J. P. [Signature]</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
362

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*

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.