

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020543

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1409

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BELLEFONTAINE N.H.S.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 4000 BELLEFONTAINE N.H.S.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10514 Murat Dr.		Length of stay in lb YRS.	d. STREET ADDRESS (If outside, give location) 10514 Murat Dr.
3. NAME OF DECEASED (Type or print) First Middle Last HARRY SYLVESTER MACKE			4. DATE OF DEATH Month Day Year May 24, 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) haberdasher		10b. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years last birthday) 76 yrs.
13a. FATHER'S NAME John H. Macke		13b. MOTHER'S MAIDEN NAME Anna Brockreiten	14. NAME OF HUSBAND OR WIFE Appolonia Kissel
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. 494-07-7707	17. INFORMANT Address Celeste Frey, 10514 Murat Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease			
DUE TO (c) 4300			
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 <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 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 Nov 25, 1957 to May 24, 1958 and last saw him alive on May 10, 1958 Death occurred at 12:01 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph J. Linnegan M.D.		22b. ADDRESS 634 N Grand	22c. DATE SIGNED May 26, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE May 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Gebken Mortuary		ADDRESS 2630 Gravois Ave.	25. DATE RECD. BY LOCAL REG. 5/26/58
			26. REGISTRAR'S SIGNATURE Herbert R. Demeke <i>M.D.</i>

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 Herbert J. God Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond 22 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.