

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015407

STATE FILE NUMBER

2 2778

FILED MAY 1 1959

Registration District No.

Primary Registration District No.

Registrar No.

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| 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, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home for the Aged, | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 3400 So. Grand Blvd., Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Ida Maybaum | | | 4. DATE OF DEATH Month Day Year March 17, 1959 |
| 5. SEX Female, | 6. COLOR OR RACE White, | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 5, 1883 |
| 9. AGE (In years less birthday) 75 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home, | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri, |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Christian Maybaum, | 13b. MOTHER'S MAIDEN NAME Rosa Lechner, |
| 14. NAME OF HUSBAND OR WIFE | | 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. 488-07-9528 |
| 17. INFORMANT Mrs. Marie E. Korman, 6333 Heege Rd., | | Address | |
| 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>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Gen. Arteriosclerosis</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>hrs.</u> <u>hrs.</u> |
| 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.) | | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
| 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 St. Louis, Mo. |
| 21. I attended the deceased from Death occurred at <u>Jan 1959</u> to <u>3/17/59</u> and last saw her <u>alive</u> on <u>3/15/59</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>R. Meyer</u> | |
| 22b. ADDRESS <u>8059 Watson</u> | | 22c. DATE SIGNED <u>3/17/59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u> | 23b. DATE <u>3/19/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery,</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary,</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAR 18 '59</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

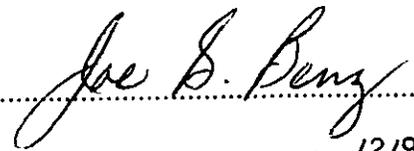
MRB.

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



Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address.....St. Louis, 18;

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.