THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-019418
STATE FILE NUMBER

FILED MAY 22 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4429

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital — Length of stay in Ib: D.O.A.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5444 Eichelberger — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: ANNA Middle: Last: MAAG

**4. DATE OF DEATH**: Month: May Day: 3 Year: 1959

**5. SEX**: Female **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH**: July 29, 1882 **9. AGE** (In years last birthday): 76 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework **10b. KIND OF BUSINESS OR INDUSTRY**: At Home **11. BIRTHPLACE** (City and state or country): St. Louis, Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Edward Kessler **13b. MOTHER'S MAIDEN NAME**: Julia Schmidt **14. NAME OF HUSBAND OR WIFE**: Robert Maag

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None **16. SOCIAL SECURITY NO.** **17. INFORMANT**: Robert Maag Address: 5444 Eichelberger

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) 420.0
INTERVAL BETWEEN ONSET AND DEATH
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 ☐ NO ☒

**20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ **20b.** DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
**20c.** TIME OF INJURY Hour a.m. p.m. Month, Day, Year
**20d.** INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 ..... and last saw her/him alive on .....
Death occurred at 538 h m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Patrick Clayton Carson (Degree or Title) M.D. **22b. ADDRESS** 1300 Clark **22c. DATE SIGNED** 5.5.59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial **23b. DATE**: May 7, 1959 **23c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cem. **23d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**24. FUNERAL DIRECTOR**: Kriegshauser **ADDRESS**: 4228 S. Kingshighway **25. DATE RECD. BY LOCAL REG.**: MAY 5 '59 **26. REGISTRAR'S SIGNATURE**: Richard Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu
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.