

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS SEP 21 1959

59-034070

STATE FILE NUMBER

Registration District No. 007 Primary Registration District No. _____ Registrar's No. 2 8066

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		a. STATE Missouri	b. COUNTY
Length of stay in 1b DOA		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 5560 Pershing Avenue.,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Frederick Middle Bert Last Maize			4. DATE OF DEATH Month August Day 28 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/4/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov't	11. BIRTHPLACE (City and state or county) Hoxie, Kansas.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME W. F. Maize	13b. MOTHER'S MAIDEN NAME Anna Kueh	14. NAME OF HUSBAND OR WIFE Ted Maize, dec'd
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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. Nil	17. INFORMANT Mrs. C. S. Bemis, 2114 West 72 Terrace
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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) Suffocation due to drowning DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 975x
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) While driving through Veterans Druggist and into Mississippi River
20c. TIME OF INJURY Hour _____ Month, Day, Year 8:26 59 August 26 1959	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Water
20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at **1135 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick F. Taylor Carones (Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8.31.59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 8/30/59	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) St. Louis County, Missouri.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington	25. DATE RECD. BY LOCAL REG. AUG 31 1959	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 1

1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed **NO EMBALM** _____

Licensed Embalmer No. _____

P. O. Address _____

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.